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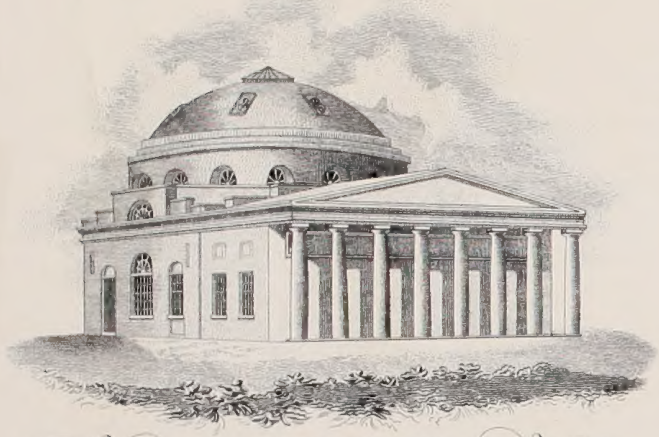

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University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archive (archive.hshsl.umaryland.edu) and the Internet Archive (www.archive.org).

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UNIVERSITY OF MARYLAND

THESES

1887, 1888, 1889

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Parshall, J. Worthington	The Mechanism of Hearing	1887	
Pemberton, W. D.	Report of Cases	1887	
Pennington, J. Rawson	Ulcer of the Stomach	1887	
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Smith, Marshall G.	Pericarditis	1887	(no title page)
Stokes, Whitefoord S.	Acute Tubular Nephritis	1887	

[1] Title page behind thesis.
~~[2] Title page on the back of thesis.~~

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title	Year	Notes
Stotesbury, C. A.	Diarrhoea[3]	1887	(no title page)
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Talbot, Henry T.	Aqua-Water	1887	
Taylor, Ashby M.	Epilepsy	1887	(no title page)
Thomas, William D.	Puerperal Septicaemia	1887	
Tull, Edward E.	Epidemic Cholera	1887	
Welsh, Emmet A.	The Country Doctor	1887	
White, William Henry	Scarlet Fever	1887	(no title page)
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Woodson, Lewis G.	Cholera Infantum[6]	1887	
Young, George B.	Acute Rheumatism	1887	
Zepp, James A.	Acute Lobar Pneumonia	1887	

[3] Small, bound librarian's note stating that student did not graduate.
[4] Title page behind thesis.
[5] Small, bound librarian's note stating that student did not graduate.
[6] Title page on the back of thesis.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title	Year	Notes
McComas, Henry W.	Typhoid Fever	1888	(noteworthy calligraphy on title page)
Morrow, Charles W.	Typhoid Fever	1888	
Slaymaker, Edmund W.	Acute Pneumonia	1888	
Smith, Benjamin M.	The Physician or Practice of Medicine	1888	(no title page)
Truitt, George W.	Pleuritis	1889	

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UNIVERSITY OF MARYLAND

SCHOOL OF MEDICINE

THESES

1887, 1888, 1889

Offutt, J. Samuel	Pleuritis	43p.
Parker, John B.	Antiseptic Surgery	20p.
Parshall, J. ~~W.~~ Worthington	The Mechanism of Hearing	20p.
Pemberton, W. D.	Report of Cases	38p.
Pennington, J. Rawson	Ulcer of the Stomach	22p.
Poole, J. S.	Diphtheria	28p.
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Stotesbury, C. A.	Diarrhoea	19p.
Stout, ~~Wm.~~ William F.	Physiology of the Stomach	22p.
Summers, Charles L. Jr.	Intermittent Fever	28p.
Taggart, Charles C.	Lobar Pneumonia	23p.
Talbot, Henry T.	Aqua-water	29p.
Taylor, Ashby M.	Epilepsy	19p.
Thomas, ~~Wm.~~ William D.	Puerperal Septicemia	51p.
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Welsh, Emmet A.	The Country Doctor	18p.
White, ~~Wm.~~ William Henry	Scarlet Fever	47p.
Winborne, Robert W.	Malarial Haematinuria	29p.
Wissler, W, F.	Gonorrhoea	15p.
Woodson, Lewis G.	Cholera Infantum	14p.
Young, George B.	Acute Rheumatism	25p.
Zepp, James A.	Acute Lobar Pneumonia	32p.

1888

McComas, Henry W.	Typhoid Fever[1]	25p.
Morrow, ~~Henry~~ Charles W.	Typhoid Fever	25p.
Slaymaker, ~~E.~~ Edmund W.	Acute Pneumonia	26p.
Smith, ~~B.~~ Benjamin M.	The Physician or Practice of Medicine	24p.

1889

Truitt, George W.	Pleuritis	27p.

[1] Noteworthy title page calligraphy

Thesis.

Pleuralis.

by

Samuel Coffell,

University of Maryland

Baltimore, Md.

Session of 1886-87.

Pleurisy.

[illegible]

pleurisy was used to express pain in the side from what [illegible] provided it was acute in character, and accompanied [illegible] inflammation, without [illegible] what [illegible] tissue was laboring under the inflammation. [illegible] disease.

By the term pleurisy is meant inflammation of the [illegible] the lungs, and [illegible] which [illegible]

in other portions of the body.- viz:- adhesions the pouring out of serum, of coagulable lymph of blood, or of pus; all or the other of these results being regulated by the intensity of the inflammatory process, its rapidity and duration; of the above results that of adhesion is the most freq [illegible] pre-existing inflammation: the frequency with which we meet with this morbid phenomenon [illegible] in ascertaining, that no organ or tissue in the body is more liable to inflammation than the pleura. I shall limit my few remarks more particularly to the acute form of the disease, as it would be a difficult matter to [illegible]

condition presents a smooth and polished surface, covered with a layer of polygonal, flat, nucleated endothelial cells; the surfaces are constantly being lubricated with a slight serous transudation, which [illegible]

er, producing no appreciable sound, in consequence and dilatation of the thorax, which is constantly going on during respiration: but in [illegible] of this membrane induces changes both in quantity and quality of this serous transudation, and in the membrane. The anatomical characters of acute pleurisy are as follows: redness from hyperæmia of the vessels within [illegible] of the pleural membrane, and [illegible] for a brief period after the commencement

of inflammation due to suppression of the transudation which maintains it in health

[illegible]

[illegible]

[illegible]

Coagulable lymph [illegible]
begins to accumulate [illegible]
in some cases from a [illegible] period. [illegible]
[illegible]
as to [illegible] ably; more or less blood
may be mixed [illegible]
ably due to decomposition. The endothelial
cells of the membranes undergo proliferation, and new cells are formed in the exudation
[illegible]
of the exudation is taken up after undergoing degenerative changes, while the remainder [illegible]
aggregation [illegible]
[illegible]

undergo [illegible] the [illegible]

[illegible] formation of cells, the fluid is [illegible]

[illegible] remains and becomes [illegible]

[illegible] exudation [illegible]

[illegible] or calcareous [illegible]

When the accumulation of [illegible]

[illegible] of the diseased tissue takes place in such quantity as to fill the pleural cavity, the lung [illegible] forced into a small solid mass, becoming completely carnified. The quantity of serous exudation [illegible] to the intensity of the inflammation, but [illegible] does not usually exceed [illegible]

exudation [illegible] quart [illegible]

and [illegible] fluid [illegible]

The effused fluid is not [illegible] clear like serum of the blood [illegible] pleuritical effusion, - the [illegible]

of the

Court

absent

Fourth.

from the

abo

[illegible]

[illegible]

[illegible]

[illegible] 105°

of [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

fected side is diminished or almost con-

[illegible]

is deficient or absent below, in excess

above. As absorption takes place there

is a gradual subsidence of the signs

above described, and their restoration

to the normal; there is often a return of

the friction sound, called the grating friction

sound, and convulsive the friction fremi-

tus; dullness may continue for a time.

The side resumes its proper form and size,

[illegible]

[illegible]

[illegible]

of adhesions; or it may be more or less

movements in the chest. The intercostal spaces are
[illegible]
together, and all the dimensions of the chest
are diminished. The vocal vibrations are greatly
diminished: on percussion there is a
[illegible]
are feeble over the side of dullness. Other
[illegible]
ical signs of pleuritic effusion are
[illegible]
displaced than in adults: sometimes when the
thorax [illegible]
[illegible]
[illegible]

from previous attacks [illegible]
of pleurisy considerably.

Acute pleurisy [illegible] is produced by penetrating wounds of the chest, or by contusions, or by [illegible] the ribs; [illegible] access into the thoracic cavity, as pus or air; local deposits in the pleura, such as cancer or tubercle; diseased bone; friction or pressure by tumors: in certain cases this disease is attributed to the action of cold or other injurious meteorological influences [illegible] any such mode of causation. In some cases it is developed spontaneously, that is in [illegible] [illegible] [illegible]

fevers, or acute rheumatism; pyæmia and septicæmia; or alcoholism.

Chronic pleurisy is rare in infancy, [illegible] uncommon in childhood; it is much more frequent in [illegible] and [illegible] life; it is more common in [illegible] than in males. The [illegible] are more frequently met with [illegible] than the [illegible] of pleurisy. Recently [illegible] large proportions, [illegible] absorption [illegible] of [illegible] [illegible] ation: unless the pleuritic lesion is associated with some serious constitutional or local disease, death is a rare event in acute cases, [illegible] in more mechanical effects of the lesion, accompanied with [illegible] congestion and oedema, and there is [illegible]

of sudden death should there be [illegible]-
fnow, or if the heart is much enlarged.)
(at uncommonly [illegible]
[illegible] [illegible]
liaction of the [illegible]
[illegible], with permanent [illegible]
long- [illegible]
charge, either by an external opening;
[illegible]
direction, such as into the intestines. [illegible]
such a [illegible] of fluid [illegible]
may ultimately [illegible]
asthenia, or may become phthisical.
The [illegible]
[illegible] be confounded [illegible]
pericardite and of [illegible]
of acute [illegible] [illegible]
[illegible], [illegible]

In pleurodynia and in pleuracrodynia of Pleurisy are wanting, with the [illegible] of diminished respiratory murmur, consequent upon the [illegible] in breathing. There is [illegible] an absence of fever and cough; the pain is also more shifting than in pleurisy; [illegible] [illegible] the chest. In all the [illegible] between pleurisy and pneumonia, [illegible] the dullness and [illegible] of the dullness on percussion; [illegible] with the [illegible] of the [illegible]; by the [illegible] of the [illegible] and by the absence of oegophony. The difference between the symptoms of pleurisy and pneumonia consists in the invasion of pleurisy being accompanied with several [illegible] rigors [illegible]

slight chills, if any: invasion may be very insidious. In pneumonia there is a single, severe, prolonged rigor at the outset, usually. [illegible]

[illegible] side frequently; not stitch like, but more dull and diffused.)

[illegible]

and painful. Expectoration in pleurisy is absent or very slight, and of no special character; in croupous pneumonia the expectoration is considerable; viscid, tenacious, and "rusty": [illegible] "rusty". The breathing in pleurisy is distinctly [illegible]

[illegible] cause
of [illegible] [illegible]
later on there is more or less actual dyspnoea. In croupous pneumonia the breathing is very rapid, and much increased [illegible] respiration ratio, but not proportionate feeling of dyspnoea: in catarrhal pneumonia [illegible]
[illegible]
[illegible] dyspnoea [illegible]
[illegible]
and there is no regularity in the course of the temperature, [illegible]
In croupous pneumonia [illegible] temperature [illegible]
running up to 103°, 104°, 105° or more, and runs a regular course; the skin is [illegible] and dry, in catarrhal pneumonia the temperature is high, but [illegible]

[illegible] considerable [illegible] in-
tensity. On the [illegible] of the post and
general [illegible]
no particular [illegible]
[illegible] lung [illegible]
pneumonia [illegible]
marked flushing of the face often [illegible]
not [illegible]
the face is usually flushed, often much
muscle, and [illegible]
stiff and fixed. [illegible]
signs of [illegible] in [illegible]
expiration [illegible]
by signs of fluid [illegible]
[illegible] dullness; [illegible]
[illegible] vocal fremitus; dullness; occa-
sionally movable; weak and suppressed
breathing and [illegible];

[illegible]
[illegible]
with [illegible]
usually one side. In company from-
[illegible]
respiration, [illegible] of con-
solidation, — namely, dullness on percussion,
diminished movements, increased voca
fremitus, bronchial [illegible]
increased and metallic vocal resonance;
finally [illegible]
not [illegible]
[illegible]
duration [illegible]
there is no crisis: in pneumonia there
is often a marked crisis, and the disease
ends within a certain period. The bronchial
sound in pleurisy is heard during inspi-

ration as well as expiration: in pneumo-
thorax and from the confined air and expi-
ration. The cases of pleurisy in which the
lation place do have no pain, but flatness
on percussion; while in pneumo-thorax
increased vocal resonance. The pleurodynic
you have pain in three points, viz.:- at mid-
dle of the sternum, - one near the skin, and
one near the axilla.

The prognosis of acute pleurisy is always
[illegible]
and be [illegible] of the fluid as soon as possi-
ble. If absorption of the fluid [illegible]
[illegible] place, the fluid may become bra-
[illegible], - the [illegible] should intervene. Acute pleurisy is [illegible]
serious in proportion to the amount of
fluid poured out, and [illegible]

has remained in the pleural cavity; and to its tendancy to become purulent: severe dyspnoea is a dangerous sign; above all it occurs in advanced cases of chronic [illegible] (B) [illegible] [illegible] [illegible]

[illegible] against [illegible] the practice of [illegible] bleeding, [illegible] and [illegible] of mercury in this disease, which, whatever may be said to the contrary, is rare at the present day by no means an uncommon mode of practice. The ultimate objects to be aimed at are not merely to save the life of the patient, but to restore the parts affected to as normal a condition as possible.

The first thing to do in the treatment of [illegible] inflammation of synovial, as well as of mucous serous membranes, is to keep the structures affected in as complete a state of rest as can be obtained. [illegible] should be the primary object to be kept in view in the management of pleurisy. The affected side should be mechanically fixed, and thus [illegible] prevent [illegible]

[illegible]

[illegible]

terial, from three to four inches wide and of

[illegible]

[illegible] from mid-spine to mid-

sternum, or a little [illegible]; it is best

applied [illegible]

[illegible]

rather than [illegible] the lower

directed [illegible] strips [illegible]

[illegible] from side [illegible]

even around the side, in the direction of the

ribs; then another strip is laid on across

it, also extending from mid-spine to mid-

sternum, but in the opposite direction to

the first. [illegible]

is scarcely ever required in pleurisy;

in some cases leeches may be applied to

[illegible]

when pain is severe, opium should be given sufficiently to relieve pain and tranquillize the system. I would give [illegible] of [illegible] and at the same time give grs. XV – XX of Sulphate [illegible]

The patient should be kept quiet, and free from [illegible]

Morphia (5 to 10 m. of Tincture [illegible]) may also be used the injection of [illegible] solution. The second [illegible] opium small clysters may be employed; they should be occasionally applied in different situations, removed as soon as resolution commences. [illegible]

being allowed to drain exhausting or completing all the blood to be spilled in this way with the greatest amount of inconvenience both to the physician and patient.
Revulsion by purgatives may be useful and only by lessening blood by restraining the amount of effusion: diaphoretics are useful by contracting the bowels last stated. Pain is alleviated in proportion to the pain and constitutional disturbance, and sedative gruels addressed to the circulations may be administered. When there is much pressure from the effusion, or extreme tenderness elevation should be resorted to introduce the needle where there is most fluctuation doing this you are safe from puncturing the bowel; I would advise between the

3 and 4 ribs of the side, and the fluid in pleura lies: this is the best method, whether for evacuating the opening in the pleura by aspiration or trocar.

Paracentesis is indicated when there is a large effusion accompanied with dangerous symptoms, namely severe dyspnoea, and threatening thoracic tendency to cyanosis, or sudden change in the heart's action, such as with disturbed functions of the heart: in such cases it is highly dangerous, as sudden death may occur at any moment, and the relief which follows the removal of the fluid is usually very marked: this operation should also be performed when the fluid is known or suspected to be purulent; in doubtful cases an

exploratory puncture may be first made, and when a hemorrhagic effusion has been found in the upper part of the chest, the existence of pyæmia or some constitutional diathesis such as tuberculosis or a general debility, does not contra-indicate paracentesis in pleurisy, and the removal of fluid often causes marked improvement in the general symptoms. When drawing off the fluid if the patient complains of a sense of constriction, or if there be symptoms indicative of the escape of blood, you should stop at once. Occasionally it is desirable in cases of purulent pleurisy to use stimulant or antiseptic injections such as a solution of quinia, weak Carbolic acid solution or diluted tincture of iodine. ~~after formation of pus~~

may be prevented by washing out the pleural cavity with antiseptics.

The chief symptom [illegible] attention in cases of pleurisy is pain in the side. It may not be relieved by real blistering by strapping, the best [illegible] [illegible] carbon [illegible] [illegible] [illegible] [illegible] is not strapped the application of hot fomentations, linseed-meal poultices, or [illegible] linseed must be used. Elegant [illegible] [illegible] called for [illegible] usually. Cough must be relieved if troublesome by sedative remedies. Patients suffering from pleurisy need not be kept long in a recumbent [illegible], but should be [illegible] are apt to be given at first. If the strength fails and especially in the chronic forms of the disease abundant

nutritious food is required, with wine or beer. Quinia, iron, mineral acids, cod-liver oil, and other remedies of this kind are also very useful at this time. The treatment of secondary hemorrhage must be guided by the condition with which it is associated. Lowering measures are especially to be avoided in this class of cases.

Respectfully,
J. Samuel Gifford.

Thesis
on
Antiseptic Surgery
by
John B. Parker

Antiseptic Surgery

The subject of antiseptics in surgery is now so important, that I think I am justified in selecting it, as the title of my Thesis – This method was first introduced by Sir Joseph Lister formerly of Edinburgh, but now of King's College London, and its adoption has wrought quite a revolution in the treatment of wounds. At the same time there are quite a number of distinguished surgeons, who have not adopted it, that claim equally as good results as those who practice it; but I do not think that these assertions are upheld by statistical evidence – To one not understanding

Clearly the principles of antiseptics and the recent advances made in perfecting and simplifying its practice, it may seem to complicated and expensive for every day use, but a little study into its methods and details, will soon convince you that it is a mistake. Of course it is a little more trouble to observe all the strict antiseptic rules necessary but having practiced them for a time, it becomes a matter of habit and you no longer give a thought to the trouble or the cost of the best dressing, if it be, as more than a single

non antiseptic dressing, but where one antiseptic dressing is required say, in two weeks, a dozen or more of the [illegible] is the same every with the amount of labour expended, for while you let one antiseptic dressing remain for two weeks, a non-antiseptic dressing would have to be changed every day, and lastly but most important of all, is the much more satisfactory result that is obtained. The result which we aim at in the treatment of wounds is [illegible] cicatrization, [illegible] [illegible]

method in wounds shut off from the atmosphere; but in wounds exposed to the atmosphere, and open to a certain amount of ventilation, as under the non antiseptic treatment, generally healed by granulation, in which case we have suppuration, [illegible], [illegible], perhaps by septicaemia and necrosis. This is all because there is communication with the air. The causes of these changes are almost entirely due to the [illegible] organisms, in the discharges from the wound. These organisms, entering

the wound from without, they are termed bacteria, and as [illegible] by subdivision - these organisms are present in all dust, in water, on the surface of the body, and in the air of various localities, in this way they give rise to fermentation and [illegible] matter - the object of the antiseptist method is to destroy these causes of septic poisoning and render them innocuous should they gain admission. To effect this result, various substances are used to disinfect

all objects that are contaminated, as the patient, skin, the hands, instrument [illegible] and when the wound is [illegible] it free from action of the matter - The most important these substances are carbolic acid and the bi-chloride of mercury These destroy the spores, and are [illegible] acid with the steam spray, as the substance first employed by Sir [illegible], but [illegible] and has [illegible] superseded by the bi-chloride of mercury, and the spray has been abandoned as useless and

cumbersome. The advantages
upon [illegible] to
over the solution of carbolic acid
are, first that it will destroy
the spores more rapidly and
in a much more dilute solu-
-tion, a solution of one to 3,000
destroying them in few min
whereas it took a five per cent
solution of carbolic acid
twenty four hours to destroy
the spores and weaker solutions
were found, ineffectual, the
strength of the bichloride
of mercury, generally employed
is one part corrosive sublimate
to one thousand parts, water

that it not only burnt and irritated the surgeon's hands, but also injured [illegible] and not a few cases were attended with carbolic acid poisoning. It is still employed to a certain extent to clean the instruments, and render antiseptic the sponges, drainage tubes &c, on account of the corroding action of the mercury. The mercury is [illegible] to some of these objections, it is heavy, easily [illegible]

in a pure state, the spray is alone
may with, and the wound is kept
aseptic by uninterrupted irrigation.
The bichloride solution not only
has a mild astringent effect
on the tissues which checks
hemorrhage from small vessels
and lessens the serous discharge
following all wounds, but another
great advantage is that it
remains in the dressings for
an indefinite period. Iodoform
is used a great deal in this
country to cover over the
closed wound, and to disinfect
the dressings it also stimulates
the healing process and lessens

sixteen, it [illegible] salicylic
acid are also used to a slight
extent in antiseptic surgery.
Carbolized catgut should be used
to keep the edges of the wound
in apposition or carbolized
wire if there is much tension.
The arteries should be tied, and
with carbolized silk. The sponges
used in the operation should
be rendered aseptic before
applying them to the cut
surfaces. The drainage tubes
should be constantly kept
in a solution of one to thirty
carbolic acid, but the best
drainage tubes are made from

dressed with gauze, which should be kept soaked in alcohol, the advantage in using them is that they are completely absorbed by the tenth day, consequently you ~~[illegible]~~ can not be

remove the dressings to late from out; The best dressing is the bichloride [illegible] cotton-laid between two layers of iodoform gauze, Have mentioned the most necessary material to be used, I will now enter into the details of an antiseptic operation, It is most essential that absolute cleanliness should be observed

both on the part of patient and on the part of the surgeon and his assistants. The part to be operated upon should be thoroughly cleansed with a stiff brush, soap and hot water, the limb should also be shaved, lest, if injury arise, the use of turpentine or other, in order, off the hair to dissolve out the fat, if turpentine is used it should be washed off afterwards with hot water, if oil is used, it will volatilize. Having done this, the part should be washed well with the one to one thousand solution of bi-chloride of mercury. The

instruments should be placed in tray containing one to thirty solution of carbolic acid and after each instrument is used it should thoroughly washed off, with hot water, and put back in the tray containing the disinfectant. The irrigation of the wound with a 1-2,000 solution of bi-chloride of mercury, should be continuously kept up during the whole operation. All the ligatures, sutures, drainage tubes, bandages, and articles used for dressing the wound, should be of the antiseptic materials previously

mentioned. The surgeon and assistants should take off their coats, roll up the sleeves of their shirts, and scrub the forearms, hands & nails, and then disinfect them, with the bichloride solution. Under ordinary circumstances and if the proper precautions have been ~~mentioned~~ used, the dressing need not be removed until healing is complete, but the dressing should be removed immediately if the troublesome hemorrhage occurs, if symptoms of septic absorption set in, showing failure in some of the antiseptic

details, or if a temperature of 100°, persists after the second day - I will conclude my thesis, by saying that I shall strongly insist upon the adoption of this method, even in the trivial wounds, that I may be called upon to treat, as soon as I am competent to enter the ranks of the noble profession which I have selected, believing that it will add greatly to my reputation, and be a source of comfort and safety to my patients, invoking the leniency of my learned and distinguished teachers as to any mistakes,

that I have been guilty of, for I have ~~been~~ endeavored ~~to give~~ to give my own ideas on this subject without referring to the recognized authorities. I remain

Very respectfully
John H. Parker

701 Lombard St.
February 10th 87

Thesis

on

[illegible]

by

L.W. Marshall.

Jerrysville,

Pa.

January 29th 1897. A.D.

205.

[illegible] Hearing, is
situated almost entirely within the petrous por-
tion of the temporal bone, except its pinna which
is attached firmly around the external auditory
meatus. This external auditory meatus is
a canal leading from the exterior to the mem-
brana tympani which is a delicate membrane
forming a partition between the external and
middle ears. The middle ear contains the three
ossicles, viz. malleus, incus, & stapes, which are
connected by ligaments, and also have small
muscles attached to them. This cavity also con-
tains the mastoid cells or rather the spaces for
the cells, pyramid, canals for the chorda tympani
of the chorda tympani nerve, the opening of the Eus-
tachian tube, one for the union tympani branch —
two small foramina on the wall between the middle

and internal ear. One of these, the foramen ovale, is closed by the [illegible] of membranes, the other, [illegible] extremities, by a very fine membrane. [illegible] canal to the middle or the internal ear, which is by far more complex than either of the other two portions. It first contains a cylinder from which [illegible] semicircular canals at right angles [illegible] also communicating with this is the cochlea a spiral canal which is divided into three portions. The internal ear is connected with the brain by the auditory nerve through small openings leading into the internal auditory meatus.

Having considered the gross anatomy of the organ we will [illegible] to give a succinct [illegible] of the mechanism of hearing.

Sound, which is a tremulous motion [illegible] by the auditory nerve to a certain part of the brain

called the center of hearing, is caused by the vibrations of some elastic body, which vibrations cause [illegible] the tympanum causing it to vibrate, which in turn [illegible] the motion to the little [illegible] which is [illegible] with to the [illegible] of [illegible] of the [illegible] upon the [illegible], but [illegible] these points will be taken up separately, [illegible] after.

The pitch of a note depends upon the number of vibrations caused in a given time. This we can see in any stringed instrument, the more tension the string has the greater the rate of vibrations, and hence the higher the pitch, [illegible] the vibrations fall below [illegible] there is no sound audible. Vibrations upon different instruments having the same rate have the same

pitch.

[illegible] tude of the vibration. This [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] mount of excursion of the vibrating body is called the amplitude of the vibration

[illegible] Most sounds however that we hear are not simple tones but are combined with other [illegible] [illegible] and then placing your finger upon the string just struck, there is a tone remaining caused by the vibrations of the other strings which [illegible] [illegible] almost sympathetically.

[illegible]

ber, intensity, and variety of the overtones

Now sounds in reaching the ear do not have to come directly through the medium of the air, for [illegible] transmit sound, and we know that all the workings of the ear are inside the petrous portion of the temporal bone. This transmission of sound has been demonstrated by means of the dentiphone

[illegible] which tests it, we will proceed to take up one sound and trace it through to its final destination, the auditory centre in the brain.

[illegible] by the vibration of some elastic body, strike the pinna [illegible] external auditory meatus so as to concentrate it.

The muscles in the pinna in man are small, so

that the pinna is only movable to small extent, compared with the horse. In these animals it seems to [illegible] the position [illegible] which sounds proceed.

The auditory canal, an irregular passage larger at its inner extremity than its outer, and containing some stiff hairs to exclude [illegible] and containing a waxy substance for lubrication, terminates at the membrana tympani. The walls of this canal are bone so that the elastic body of air does not loose its elasticity by expanding the walls but by the yielding of the membrana tympani. This canal has a note peculiar to itself. I have often experienced a sound, which was of the same pitch as the to which the canal [illegible] [illegible]

The membrana tympani, which is [illegible] of [illegible], is [illegible]

the inner end of the canal, this membrane has attached on its inner surface a little below its centre the handle of the malleus, and also attached to this little bone is the tensor tympani muscle which as its name indicates pulls on the handle which in turn [illegible] the membrane, [illegible] muscle acts it tightens the [illegible] [illegible] sounds. This membrane is [illegible] [illegible] which [illegible], its [illegible] [illegible] the point where the malleus [illegible] [illegible], this is [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] bone is of a certain pitch to correspond with those parts of the membrane, or in other words the tenser the membrane the higher the pitch. If it were not for this the membrane would have one certain tone

[illegible] brane as we have said varying in tension in its different parts, and of course having no self-tone, no one tone is more conspicuous than another. The continued vibration of the membrane is prohibited by the attachment to it of the handle of the [illegible]. The [illegible] sides of the membrane. This facilitates its vibration. This can be seen when we have a bad cold this our hearing is impaired from the closure of the eustachian tube, this causes the air in the tympanum to have no access to the air without and causes a difference of density & therefore a difference of pressure on [illegible]. [illegible] into vibration causes the handle of the malleus to

moves, and the malleus being attached to the incus, causes it to move also which in turn presses against the stapes causing its movement to accord with the other two. The foot of the stapes fits in a little opening on the inner wall of the tympanic cavity called the foramen ovale. The pressure of this foot against the fluid in the labyrinth is eased by an [illegible] ing called the foramen rotundum situated just below the foramen ovale. The stapedius, the smallest muscle in the body, is attached to the stapes in its [illegible] the bone out of line of motion, and is supposed to thereby lessen that which might be too great ones. [illegible] this cavity are the mastoid cells which also aid in the transmission of sound.

The part of the mechanism of hearing already described is comparatively easy and plain, but the part connected [illegible]

The pressure of the foot of the stapes upon the fluid in the labyrinth causes a wave to take place according to most physiologists, but one physiologist of considerable note says that he thinks it impossible for a wave to be produced in a single mass of fluid, [illegible] force exerts a mere pressure upon the liquid, and by this excites the nerve terminals of the auditory nerve. This seems hardly probable, for would not the pressure be exerted upon all the nerve terminals alike whereas if a wave be propagated only some fibres corresponding to the undulations of the wave would be [illegible] into action.

The theory of the present day is, however, that the little stapes pressing upon the fluid propagates a

through the entire internal ear and the walls of this part being inelastic the wave is not diminished in its course. The wave passes through rather a complex route, being propagated by the foot of the stapes in the vestibule it passes from the vestibule through the vestibular opening along the vestibular canal of the cochlea till it reaches the summit where it returns in the tympanic canal ending at the fo[illegible]. [illegible] called the membranous canal of the cochlea which contains the endolymph. This canal is formed by two membranes running out from the edge of the bony spiral, and attaching themselves to the walls of the cochlea, forming a triangular space [illegible] only be theorized upon. The nerve endings in the vestibule are not of much importance and can only

be explained as communicating noises, and those of the semicircular canals can only be explained by experiments on pigeons, by which it has been thought that they perform the function of equilibration. On the other hand the nerve terminals of the membranous portion of the labyrinth can be explained as being agents by which the different tones are transmitted to the auditory centre.

One of these membranes first spoken of in forming the

membrane of Reissner. Above this canal is the vestibular canal, below it is the tympanic. These canals communicate at the top of the cochlea and contain the perilymph, so that the wave first passes above and then below the membranous canal which contains the endolymph.

The basilar membrane of this canal is made up

of transverse fibres varying in [illegible]
longer as you reach the apex of the cochlea for the
reason that the bony portion of the cochlea to which
the bony spiral lamina is attached is of a conical
shape. The fibres of this membrane are supposed to
act as the strings on a piano, now upon this membrane
two rows of rods are placed called the rods of Corti -
estimated at about three thousand, these are so
arranged that they are separated at the bottom and
come together at the top forming between the rows
and basement membrane a small triangular
[illegible] cells a number of hairlike processes projecting
[illegible] there is a very delicate membrane called the
[illegible]

Taking the auditory nerve [illegible]

we have it entering the canals in the central bony column of the cochlea and there give off branches which pass through the osseous spiral lamina and thus reach the basilar membrane. There is a chain of ganglion cells in the bony spiral lamina which is connected with the radiating nerve fibres passing to the basilar membrane. Now these nerve endings pass through these cells lying next to the rods of Corti

[illegible]

this portion of the ear, will go on with the wave after its propagation by the stapes. This [illegible]

nal passing above the membranous canal, [illegible]

branous canal. In passing below the membra-

[illegible]

[illegible] motion is [illegible] but [illegible] of [illegible]

[illegible] with more freedom than the inner on account of the attachment of bases of the inner rods [illegible] spiral [illegible]

These outer rods mo[illegible] [illegible] motion to the point we [illegible] the rods come to which motion is com[illegible]d to the reticular [illegible] [illegible] is to the hair-like cerves piercing the cells, [illegible] to the nerve terminals [illegible] transmit the impulse through the seventh nerve to the brain.

Taking these things as [illegible]

there, let us consider [illegible] [illegible], pitch, [illegible] [illegible] of sound.

The first, viz. loud[illegible] is [illegible]

derstand, for we know that loudness depends upon the amplitude of the vibration. Therefore if this be great the sound will be loud, & vice versa

Now pitch is some what more difficult. Every sound producing body has a proper note, and if this can be set in vibration by the voice over the strings of a piano the string corresponding to the number of vibrations made by the voice will be set in motion, and all the other strings having a ratio to the vibrating string will also sound. These better vibrations are called harmonics or overtones.

We can easily see that the pitch of a sound depends on the number of vibrations, so if one is tuning an instrument adjust it so as to increase the number of vibrations in a given time. This can be seen in tuning a violin. In this case increase the tension of the vibrating cords we have different results

[illegible]

[illegible]

[illegible]

Thesis by

W. D. Pender.

Class of 1[illegible]

Engineering Course.

3[illegible]

[illegible]

[illegible] Satan was [illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

treatment. The fluid on examination was found to be of a deep amber color and contained a few flakes of lymph and albumen. as shown by test. Cure seems to be permanent as at present there is no return of the fluid while after the first tapping fluid began to reaccumulate almost immediately. Bryant prefers to use Tr. of Iodine in injection but carbolic acid seems to act perfectly well and gives little or no pain but acting rather as an anaesthetic on the terminal nerves.

Amputation of Leg.

on. Hence we have, then
Patient an. Leg, foot, in a
a co. o Leg 21. Lon and
to Inner ri, Ho. fine o. strong
of Sp. Patient: leg, foot was
by, mucu bruised with the
coy, et, circumf. was the
inter and external side of
foot, also on external side,
mostly lifeless beside. Ch
was of a dry, cold foot, dre
low and pale in. Although a
ing to joints, on ex
yet, the pulsing bring in
healthy and, omi, are gen
a chance to save his leg.
Some reflex tet, ma, brought

[illegible]

the stump and leg for some distance above the knee became very much swollen, presenting the marble appearance of a deep phlebitis. The superficial veins were very prominent. The [illegible] On the day preceding [illegible] 101.2° and 100 respectively. Evening temp. 101.8° - pulse 115. On 4th day morn. temp. 98.8° - pulse 115. In the evening temp. 103.1° pulse 105. Patient was very much [illegible] a great deal of pain necessitating the free use of opium. On [illegible] temp. 101.8°. pulse 100 - In

[illegible] temp. [illegible] pulse 1[illegible]. On the
6th day temp. was only 17.[illegible] in the morn-
ing when pulse was 1[illegible] and very fee-
ble. Under free stimulation the temp.
went up in evening to 1[illegible] & pulse
fell to 11[illegible] and became more tense.
After the next three days temp. changed
from 1[illegible] to 1[illegible] and pulse from
[illegible] to 110 temp. rising at night and
falling off 1st day until pulse [illegible].
Temp. fluctuated to 17.[illegible] on morning
of 1[illegible] day & [illegible] 100. During the
8th temp. and pulse were very
irregular, up in the morning & [illegible]
down in the evening, pulse being
[illegible] and below 100 in
frequency. On the [illegible] pulse

stump was held in a bucket of
hot water. End of stump bulging
& pulsating and very [illegible]
Slough and bits of tissue came
away. A red flesh extended
for 1 in. on the stump
[illegible] the stump was [illegible]
much smaller. On [illegible] 12th day
it was removed from the bucket
of water & a dressing of
[illegible] was applied. The patient
[illegible] & fed with stimulants
[illegible]. At his request [illegible]
[illegible] & [illegible] to be
charge [illegible] for a time
[illegible] necessary
a little blood. A charge for

[illegible] to relieve the
[illegible] of [illegible] the
ulcer, and [illegible] upon
[illegible] sponges and enforced the
patient to feel [illegible] better due and
[illegible] great point to his more
comfortable position in bed.
In this case it [illegible] extremely
was [illegible] or a portion of
[illegible] by being kept in
hot water. This softened the tissues
and allowed swelling to take place
with less [illegible] in vessels and
nerves and therefore less pain.
At the [illegible] a tenacity of the
blood [illegible] prevented clotting
of blood with obstruction to nerve

lation and death of the horse. Care should be taken to remove the limb at the right time, viz. just as soon as the circulation of the foot is found to warrant their utility. Efficients internal [illegible] differ greatly in strength. [illegible] whiskey every three hours [illegible] afterwards the tr. of chloride of iron was also given. Opium was given whenever necessary to allay pain.

[illegible] These were [illegible] freely opened. The [illegible] lungs were removed [illegible] tissues

regained their normal appearance
while Satan grew stronger every
day. As a result, finally, we
have a good and useful stump.

Lobar Pneumonia.

John Miller was up 2 days [illegible]
into [illegible], [illegible] [illegible]
of [illegible] [illegible]. [illegible] [illegible]
the [illegible] [illegible] [illegible]
and [illegible] [illegible] [illegible]
He had been [illegible] [illegible] [illegible]
for a [illegible] [illegible] [illegible]
each [illegible] was taken [illegible]
[illegible] [illegible] He [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible]

It was [illegible] from [illegible] history that he had been suffering from an attack of Pneumonia, which diagnosis was confirmed by an examination which elicited the following.

"Inspection revealed only a diminution on the affected side of [illegible] [illegible] increased. [illegible] dullness [illegible] of left lung [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Stationary temperature [illegible]

[illegible] 1.5

Pulse was 108 - Respiration thirty

[illegible] x (36). He was given x [illegible]

[illegible] x1

grs. of Carbonate [illegible]

with [illegible] three times

a day - Brick dust [illegible]

He [illegible]

[illegible] was 1[illegible] - Pulse 1

respiration 36 - Expectoration

was losing its brick dust [illegible]

peorance and becoming

and mucopurulent bu[illegible]

The upper horizon [illegible]
[illegible] out the [illegible]
section [illegible] to [illegible]
higher up the [illegible]. It is [illegible]

Patients temperature remained
nearly normal but his emaci
[illegible]
[illegible]
[illegible]

[illegible]

though four weeks have elapse[illegible]
[illegible] was first taken
[illegible] to have thoroughly
[illegible]

The [illegible] resolution in this [illegible]
[illegible] due to the patient's
[illegible] hygienic surrounding and
[illegible] to his admit[illegible]
[illegible] to the Hospital and
[illegible] is alcoholic habits.
[illegible] fact of his careful
[illegible] abstinence
[illegible] his condition has
[illegible] much less
[illegible] recent [illegible]

No. 5.

Rise of Puerperal

[illegible]

[illegible]

[illegible]

half past three with what he
supposed was a piss-pronde.
He [illegible]
and went back to bed, sle
ping till six, wo[illegible]
and went about his work
in a pretty fine [illegible]
but no pain. It worried him
more or less during the day,
causing painful [illegible]
ing. On waking at [illegible], being
a married man. Though there
was no unusual desire [illegible]
with the erection, nevertheless,
tried the effect of sexual [illegible]
quess for about twenty minutes.
[illegible] a great [illegible]

of pain and [illegible]
[illegible] exhausted [illegible]
his efforts - he gave [illegible]
disgust. On the following [illegible]
he sent for [illegible]
and was treated with sedatives
and various other remedies [illegible]
as leaches to bottom portion
of the penis &c. but [illegible]
being obtained and he
growing more severe [illegible]
came to University Hospital
[illegible]
[illegible] The [illegible]
On examination the penis was
found to be as follows:
The [illegible] [illegible]

in the Corpora Cavernosa
[illegible] have [illegible] existed.
The [illegible] organs [illegible]
[illegible] the [illegible]
[illegible] the [illegible] flaccid
[illegible] up [illegible]
the [illegible] The hard [illegible]
[illegible] the Corpora Cavernosa
[illegible] with
a free [illegible] then, [illegible] shown
[illegible] only [illegible] the [illegible] of [illegible]
but [illegible] the fact that [illegible]
[illegible] whatever [illegible] experienced
in passing urine. It was
turned to the left side [illegible]
a step [illegible] [illegible]
to exist [illegible] must be

base. The pain was [illegible]
patient described it as being
of a "grumbling" character.
between the more acute at[illegible]
[illegible] [illegible] of
[illegible] at night but [illegible]
good was obtained.
He was kept on the verge of
opium narcosis, by means
of injections of morphia,
with bromides, hyoscyamus, tobac-
co poultice and other agents
but all proved useless.
Patient was brought under the in-
fluence of Iron to correct any
malarial cachexia that might
be present. He was also brought

[illegible] with
[illegible] [illegible]
[illegible] have failed to [illegible]
[illegible] of the organs, [illegible]
[illegible] [illegible]
[illegible] to the subject
[illegible]. That no [illegible]
[illegible] from operations, and
[illegible] nothing into the [illegible]
[illegible], nerves, and [illegible]
[illegible] health, the [illegible]
change. Dr. Fischer [illegible]
that [illegible] [illegible]
[illegible] otherwise [illegible]
relieved of his [illegible]
[illegible] and [illegible] in this
case. The result justified the

wisdom of his decision, [illegible]
[illegible] a [illegible]
[illegible] days [illegible] following
[illegible] was noticed [illegible]
[illegible] The [illegible] to relax
[illegible] gradually [illegible]
Patient improved [illegible]
[illegible] hospital [illegible]
[illegible] of Feb. The erection lasted in [illegible]
[illegible] eight [illegible]. The case is
interesting from the fact of its
being rare, only a few [illegible]
on record and also as the
pathology so far is [illegible]
known. Treatment [illegible]
[illegible] is of no avail. [illegible]
in it [illegible] [illegible].

Ulcer of the Stomach,
&c.
Lecture on Pennington,
January 1886 ff.

[illegible]

[illegible]

[illegible]

[illegible] makes the [illegible]

a more than [illegible]

though no age [illegible]

it is most of [illegible]

between the ages [illegible]

forty, it may be [illegible]

occupation in [illegible]

is an habitual [illegible]

as milliners [illegible]

dress-makers, [illegible]

[illegible] do with it [illegible]

[illegible] of the [illegible]

the pylorus [illegible].

Symptoms.— Those common to both forms are: [illegible] dizziness, [illegible] and [illegible]

[illegible]

[illegible] radiated near the [illegible]

[illegible]

located in the Epigastrium,
It may also be located,
back about the eighth or ninth
dorsal vertebra - between the
shoulders, This is not an early
symptom, though it is an
important diagnostic point

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] vomiting, [illegible]

[illegible]

[illegible]

[illegible] leakage, but when [illegible]

some large vessel, the perforation occurs suddenly as a complete and the usual symptoms attending the development of an abdominal peritonitis.

Diagnosis. It is to be diagnosticated from [illegible] and [illegible].

In gastritis the pain is not so intense as in ulcer and it is not found in the back between the shoulders. In gastritis, thirst is a [illegible] [illegible] from [illegible] symptoms [illegible] [illegible] in ulcer. In gastritis the vomiting usually occurs in the morning and consists of stringy

[illegible] vomitting [illegible] ejected [illegible]
[illegible] head, [illegible]
vomiting [illegible] ejection [illegible] insertion
of a meal. Consequently the contents
of the stomach and blood may be in
large quantities.

Cancer of the stomach is usual
[illegible] found in the middle [illegible]
of life, is [illegible] [illegible] [illegible]
forty, and is more common in
males than females, [illegible]
is more frequently met with in
[illegible] between the ages [illegible]
and forty. In cancer there
is a tumor, which is absent
in ulcer. In [illegible] [illegible]
lancinating and continuous and

[illegible]

ulcer it is growing, intermittent and is increased in taking food. In Cancer the hemorrhage is from oozing and is usually small in amount, has a "coffee ground" appearance, which is due to the action of the acids of the stomach on the blood while in ulcer it is more abundant and brighter red and more like arterial blood.

Prognosis. - It is generally good, though not so favorable in cases in the aged. More than one half of the cases recover. The duration is variable. It may terminate favorably in a few weeks [illegible]

over a period of two or two and one
half years. [illegible]
occur from hemorrhage, [illegible] exhaustion or peritonitis.

Treatment. There is no [illegible]
here in view. The important points
to be kept in mind during a
course of treatment are, rest,
relief of pain, prevention of hem-
orrhage, and the promotion of
cicatrization.

To secure rest the patient
should be kept in bed. There
will be less activity of the cir-
culation and [illegible]
less stimulating food, [illegible]
be inclined to [illegible] but of

possible, which [illegible]
[illegible] are [illegible] long [illegible]
tight. Place a silk or an ex-
ce bat [illegible] [illegible]
rapidly absorbed. But if [illegible]
not be obtained [illegible] use [illegible]
and milk, [illegible] give a small
amount at a time, tablespoon-
full every half hour or hour and
gradually increase the amount
until the patient can take as
much as four ounces every three or four
hours. Avoid all articles that
give [illegible] [illegible] cause
it. Then administer an enema
of milk and [illegible] every mid
hour. Keep peptonoids on a

[illegible]

[illegible]

[illegible]

ten or twenty minims of the fluid
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

Should this not prove effe-
cacious [illegible] 1 oz.
Give five one fourth grains
of Nitrate of Silver in
[illegible] of the Extract of
Gentian [illegible]

If Constipation [illegible]
it may be relieved by one
[illegible] one or two teas-
poonfuls of Castor oil [illegible]
the time. Later when convalescing
may give Calcareous Mineral
Waters to assist Nutrition.

Depletion by [illegible]

It is a [illegible] in
Countries and is liable to
occur at any season.

It is characterized by
a whitish membrane forming
on a mucous surface [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
this formation is followed
by rapid prostration
and very great anæmia.

It attacks both old
and young, but is essen-
tially a disease
[illegible] [illegible]
[illegible] [illegible] [illegible]
the years of three 31 and

Six (6) being the [illegible]
which it is most [illegible]
as well as most [illegible]
Six are liable [illegible]

[illegible] General [illegible]
[illegible]
If those enjoined, they have
much to do with its [illegible]
benefiment, a person in
ill health being much
more liable than one in
[illegible]

Levins may be found in

[illegible]

occulation, Selzerich, Erlei

[illegible]

developed cases of croup in lower animals, by the introduction of the membrane into their trachea.

It is more that to be transmitted while the membranous exudations are present, but in [illegible] many certain cases which are [illegible] infectious, convalescent

[illegible]

has been [illegible] [illegible]
brane for two (2) or three (3)
weeks, have seemed occasion-
ally to give the disease to
[illegible]
[illegible] in some, the
membrane [illegible]
[illegible]
[illegible]
frozen with, while in others
it does not show itself
for [illegible],
it [illegible]
between three two (2) or four (3) days, in
most usual time,

varied, in some is is
[illegible] in with very [illegible]
[illegible] excitement; maybe
[illegible]
[illegible]
[illegible]

temperature [illegible]
a characteristic symptom
as the redness gets very
high, soon after this the
whitish membrane or inundation makes its appearance
The course here again
varies in different cases
the febrile symptoms may
subside, and he may go
on to rapid recovery, while
in [illegible]
extend rapidly, may
go so far as to affect the
Eyes, forming on each an
[illegible] or more the
destruction of Sclerotic

again [illegible]
Ears or mouth [illegible]
Urethra [illegible]
may attack oesophagus and
so as far [illegible] as stomach
. This membrane adapts
itself accurately to surface
on which it is formed
thus when it [illegible] bron-
chial tubes it will form
casts of them, [illegible]
it does attack bronchus or
is apt to extend to and
[illegible] ramifications. It is many
times in this class, cases
that Lobular pneumonia
is set up, and in this

[illegible]

[illegible]

[illegible]

over large surgical [illegible]

the patient becomes

extremely weak and anaemic, and may die in

a fainting fit; brought

on by slightest exertion,

[illegible]

since it does not commence for two (2) or three (3)

weeks or perhaps even

longer than this. The

breath [illegible] pain,

more especially in adults,

not from actual [illegible]

Although it may take on
this constitution, but some
[illegible]
brane, Diphtheria [illegible]
a constitutional use
of which his mere [illegible]
[illegible] Manifestation [illegible]
[illegible] of the organ
[illegible] some special,
[illegible] odd become [illegible]
[illegible]
grammar [illegible]
[illegible] may be [illegible]
Endocarditis [illegible]
Lungs become [illegible]
followed by necrosis,
[illegible]

[illegible] enlarged, hypertrophied [illegible]
[illegible], Kidneys congested
and [illegible]
albumen and Hyaline Casts are
usually to be found in the
urine [illegible]
[illegible]
hemianæsthesia - trouble - Muscles
degenerate and may be-
come atrophied to very con-
siderable extent. Gland-
[illegible]
hood of fever when
membrane is being formed
[illegible] may
[illegible]
[illegible]

and then [illegible]
[illegible] to some [illegible]

If there be a wound or ulcerated surface the membrane is apt to spread over it; many cases are reported from [illegible] where operations were performed and cases of Diphtheria [illegible] either in the wards, or would be brought in soon afterwards, and the patients on whom the operations were performed would contract the disease, and the membrane would first make its app[illegible]

on the wounded surface.
No matter where [illegible]
brane for [illegible] makes its
appearance, the local symp-
toms are the same
more or less [illegible]
and [illegible]
brane is apt to show
itself later on in the
throat. Diphtheria takes
on several [illegible]
equally due to differences of
[illegible] part affected, as
to [illegible] bulbus, more or
[illegible]
[illegible]
[illegible]

it attacks the mucous
membrane of nose more
apt to prove fatal on accoun
of close proximity of [illegible]
vessels to surface and great
number of [illegible] that are
found in pulmonic mem-
brane, the [illegible]
is more apt to be absorbed
into the system and cause
[illegible], when in the
lungs to air passages also
apt to prove fatal [illegible]
[illegible] proximity [illegible]
[illegible] of [illegible]

[illegible]
deeper tissues of the neck
and this is an essential
feature of the so called
"Malignant" variety, and
if glands at angle of lower jaw
become swollen, considered
by some writers to be
a grave sign.
The Primary Symptoms
do not indicate [illegible]
ty of the case, the so
called Malignant cases
often coming on with no
[illegible] symptoms
than those of the very
mildest

in many cases after convalescence has commenced symptoms will appear exceedingly different from any of the preceding, and are for the most [illegible], the Soft Palate is usually the first to be involved, and the patient will speak with a nasal twang, if he attempts to swallow a liquid it will regurgitate through his nose, the Paralysis may stop here but it usually goes on further, the ciliary muscles will be the next

[illegible]
[illegible]
lows, which then go to the
upper and lower extremities
causing partial loss of
motion and [illegible]
numbness, although these
[illegible] paralytic [illegible]
[illegible] much alarm, they
are generally [illegible],
[illegible] may in the 2d
or 3rd [illegible], or they
are not always free from
danger, as they may be
bind to intercostal mus-
cles and diaphragm [illegible]
thus may interfere suf-

[illegible] with Respiration
so as to cause death, or may
involve heart muscles and
thus impede or even stop
the circulation.

The Prognosis depends
on the case and also
considerably on the charac-
ter of the epidemic, so
in some epidemics it
is much more fatal than
in others [illegible]
[illegible] much dependence on
case from which it was
contracted [illegible]
the most malignant cases
are caught from [illegible]

of very mild form.
Prognosis is generally favorable when only small surface is covered by the membrane, while on other hand if surface be large and there is glandular swelling, especially if the swelling arises suddenly is a very bad sign, and [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] in those who have once had it; but is generally of milder [illegible]. [illegible] complication adds to the danger, and if albuminuria,

unfavorably, very
much be limited in most
instances, If fever should
[illegible] they are [illegible]
[illegible] symptoms of [illegible]
should be checked
speedily as possible
The nourishment is
of much importance, and
should not be overlooked,
and much care should
be taken not to give
any remedies that will
derange the digestion.

[illegible] long [illegible]
[illegible] have been
[illegible] by use of steam
inhalations and also by
[illegible] of cold water [illegible]
[illegible] is [illegible] [illegible]
[illegible], the membranes being
[illegible] and [illegible] by [illegible]
action of steam and
water, or by increased
secretions [illegible] [illegible]
by the [illegible]
Cold water or [illegible]
Carbonic acid [illegible]
blue [illegible] [illegible]
or swelling of lymphatic
glands, but [illegible] [illegible]

[illegible]
power [illegible]
[illegible] [illegible]
Ice to swallow do great-
[illegible] in [illegible], [illegible]
[illegible] very much [illegible]
by [illegible] but it
should be remembered
that [illegible] [illegible] [illegible]
[illegible] very [illegible], and
when temperature is
low (the cold) should never
be used, except in [illegible]
[illegible] [illegible] and
[illegible] should [illegible]
be [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[

[illegible]
[illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [

give an emetic, as
Ipecac. Tartar Emetic, Sulphate
of Zinc [illegible]
[illegible]
much [illegible]
and give them in large
quantity and repeat often
We have in Br of Chloride
of [illegible] our best
agents and it would
be given in large doses
as 25 - 30 gtts, every three
or four (4) hours,
If he [illegible] recover, Tracheotomy may be performed
but it is seldom followed
by much benefit, as
Membrane

[illegible] below
the opening. The treat-
ment after the operation
is about the same as
before, with the exception
of attending to the wound.
The wound should be
sponged and sutures
applied so as to keep the
canula in place, and
when the wound
should show any signs
of membrane forming
or the appearance of erysipe-
las, the stitches should
be removed, and the
wound treated with tur

carbolic acid and glycerine
and the fluids connected
as far down as possible
by a spray thrown through
the tube or by means of
a feather or sponge
dipped in antiseptic
solution and passed
into it; If fever sets
in and there is a
disproportion between fluids
and respiration, which
is characteristic of diphtheria
along trouble, there will
be a tendency of fluids
inside and a congestion
and in such cases large

be given, Also give
[illegible]
[illegible]
patient, and in some
be taken to upper part
of the house if [illegible]
everything [illegible] as
[illegible] [illegible]
bedding and all the
[illegible] used in the
sick room should
carefully be disinfected.

some diseases assume a great deal of notoriety because they are especially fatal, and they have acquired a most unfortunate celebrity on account of their great fatality, other still, of which intermittent fever is one, are interesting because they are especially common and because the structural changes which they immediately or remotely induce cause so many deaths. A large part of the population is subject to the action of the malarial poison. The trouble caused by malarial poisoning has been long recognized. In fact since man began to fall, moisture to collect and swamps to form it has stalked [illegible] the moors of death. But for many centuries no reasonable theory was formulated as to the nature of the poison or its mode of action

The great Italian physician Lancisi in 16[illegible]
published a book setting forth distinct ideas
on the subject of malaria. Since his time many
other Italian investigators have studied the
subject and some of them have hardly failed
that they had discovered the malaria germ
disease. But each of these supposed discoveries
for in turn found [illegible] into the world [illegible]
[illegible] for [illegible] the [illegible] of the Europe-
ian must be made up of the [illegible]
and discoveries of the medical [illegible]
[illegible] relations is not to be [illegible]
But [illegible] we know so little of the [illegible]
poison with many phenomena connected with
its growth and its effect upon the [illegible] we are
perfectly familiar. Not the poison [illegible]
a mean [illegible] [illegible] [illegible] it is

necessary. It develops as far north as 53° and south as 37 the world over wherever conditions favorable it is found. [illegible] from Boston to Galveston and throughout the great central valley of the continent its influence is felt and feared. Along the valley of the Mississippi its ravages are only second to those of Yellow Fever. [illegible] the following climate, time and illuvia combination must combine. There must be a [illegible] of growth, a favorable weather for decomposition and moisture near the surface of the soil. A soil that has been subject to an overflow and from which the waters have disappeared is an especially favorable soil for growth. And the more intense the heat and rapid the dry[illegible] the greater the quantity and virulence of the

There are many cases where the formulating of the 2nd of these conditions. [illegible] instances of malarial poisoning that have occurred in regions void of vegetations. But [illegible] there has [illegible] microscopic vegetations in the case [illegible] that vegetation is absent until the swamps & ground have been examined microscopically for the existence of these vegetations [illegible] that as other flourish unsuspected by the naked eye. And this probably in such cases has rarely been done.

The condition in nature in which the conditions favoring the growth of the poison are best combined are the swamps of our low countries.

But all swamps are not. There in Sarawak the so-called [illegible] of Tanjong is not a malaria producing region. The poisons of malarias are [illegible] closely [illegible] the

negro. He seems to enjoy a wonderful immunity. [illegible] from the [illegible] sand [illegible] fields of the [illegible] coast with impunity, and thrives and fattens under its hottest sun, as much as does his master as he enjoys the cool breezes and [illegible] of the piedmont region [illegible] All classes are liable to malarial infection but all are not equally liable. The extremes of life [illegible] as subject as those in middle life, men are more frequently attacked than women and this as we shall see becomes more apparent to the foist

By constantly living in a malarious region one becomes accustomed to its influence and is not so readily siezed by a paroxysm as one who has recently come into such a region. But while the regular inhabitant is not so readily siezed by a paroxysm the continuous action of the

poison should be its injurious effects on the vital conditions of the whole body, [illegible] bet-
ween fellow and several physical and [illegible]
sensations. We may [illegible] that [illegible] to
be a debilitated state of the system [illegible]
velopment of a paroxysm of ague. But the great
predisposing cause is the previous occurrence of a
paroxysm. Over the subject of malarial poison-
ing, we will have occasion liable to the development
of paroxysms though in the mean time he
may change his location. [illegible]
malaria is most active during the night. This fact
is known to all dwellers in malarious regions, and
the accompanying immunity of those taken advantage
of by those who [illegible] by day in its zone
to expose themselves to the hills to sleep. And the lesson
most deduction from this for those who are com-

filled to [illegible] constitute a land in the [illegible]
[illegible] cultivation and drainage are
destructive to malaria. [illegible] cultivation [illegible]
[illegible] and [illegible] the [illegible] can be reclaimed and made
suitable for the home of man. The poison lives
the [illegible], on the hilltops, and
mountains being comparatively free from the danger
the maximum elevation of the [illegible] [illegible]
[illegible]. The poison is also carried by the wind
from a mountain to leeward side of a malari-
ous region and a [illegible]
for months towards the poison was gradually
blown up the mountain to a height exceeding 9000
feet. The poison is carried in water and the
[illegible] of it may [illegible]
well under the [illegible] and [illegible]

the sun-flower water is a useful [illegible]
cause a [illegible]. A growth of this [illegible]
must the poison in the [illegible].
is valuable [illegible]. The accession made
that the growth of the common sunflower will de-
ter the air from a marsh poisonous. [illegible]
that [illegible] poison for the [illegible] of the
the idiotic ravings of dream-fields called his
more idiotic followers aesthetics. The Eucalyp-
tus tree of Australia has been found to have some
specific power in the direction that its [illegible]
[illegible] depends on its power to absorb a constituent from
the soil. The Eucalyptus tree will it is said absorb
10 times its own weight of moisture in 24 hours.
The practical deduction from this is that towns
and villages to windward of a dangerous locality may
derive considerable benefit from the [illegible]

or a growth of bacteria within them and the infections of [illegible] said that [illegible] of the [illegible] poison it is time to consider the phenomena that follow its introduction into the organism. When one has been attacked by the poison he will have what is known as intermittent or remittent fever. And the type of the attack will depend on the virulence [illegible] poison or the susceptibility of the individual. In intermittent fever as a malady the results of [illegible] forming characters and by the occurrence of a cold, hot, sweating stage [illegible] emission from [illegible] bowels and a tendency to recurrence at a time dependent on the type of the disease. In remittent fever there is at no time an absence of fever only remissions and exacerbations, more or less well defined.

Pathology Lastly recently [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] over the foison seems to be [illegible]

[illegible] would explain [illegible] in other [illegible].

We know that bees can be the differentiating

of subsumtuli defined as period of [illegible]. In the [illegible]

[illegible] like the protozoans [illegible] daily. In bitian life and

[illegible] lands, and in the [illegible]

[illegible]

[illegible] alternate [illegible] [illegible] usually

[illegible] each other. [illegible] other [illegible]

an alternate [illegible], and [illegible].

[illegible]

[illegible] there [illegible] [illegible] balance, [illegible]

an insistable [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible] the [illegible] blue and [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible] [

[illegible]

[illegible] the face neck and whole body is covered by a drenching sweat. [illegible]

period is followed by a condition of coldness and weakness [illegible]

is on there is a considerable amount of fever [illegible]

instead of low range, [illegible]

etc in the [illegible] and [illegible] etc. [illegible]

[illegible] condition [illegible]

time for next paroxysm when the same [illegible]

[illegible]

such as all physicians daily see. In the south [illegible]

in Atlantic states the gulf states and the Mississippi [illegible]

by the foism is developed in [illegible]

[illegible] and another society thrown in medical [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

whether or not [illegible] attack [illegible]

syncopes. Pernicious syncopes [illegible]

[illegible] the [illegible]

the [illegible] cases with the [illegible] the [illegible] age

When suddenly there will occur syncopes of profound

heart failure. The pulse will become exceedingly feeble

[illegible] the cold relaxing the [illegible]

[illegible] expressive heart failure [illegible]

[illegible] remaining conscious to the end

[illegible] cases there will be vomiting and hiccough

ing absolutely uncontrollable as an attack [illegible]

[illegible] the [illegible] solid [illegible] on [illegible]

[illegible]

teeth closes the fifth

[illegible]

[illegible] are such as [illegible] the [illegible] of the [illegible] on the [illegible]. The [illegible] is [illegible] the [illegible] and the [illegible] [illegible] which [illegible] look later [illegible]

[illegible] the [illegible] the [illegible]

ever-present in the ulcer [illegible]

blood. or perhaps the [illegible]

tion of the mucous [illegible]

[illegible]

[illegible] cell [illegible]

tion. The [illegible]

[illegible] and [illegible]

edema and ascites [illegible]

the [illegible] of [illegible]

[illegible] of organic [illegible] as the

sequelae of malarial [illegible]

[illegible] dependent on [illegible]

[illegible] - [illegible]

[illegible]

[illegible]

malarial [illegible]

in one whose system is [illegible]

[illegible]

[illegible]

[

[illegible]

[illegible] the [illegible]

[illegible]

[illegible] the blood cover a [illegible]

Prognosis. In simple acute intermittent the prognosis is good. In chronic poisoning a cure requires long and patient effort. In pernicious type if patient be seen in first paroxysm and active treatment be instituted promptly prognosis is good but if not seen until the occurrence of the second or third paroxysm it is very [illegible]

Treatment. Quinine [illegible] is the remedy par excellence for the cure of intermittents. Hundreds of money of them have been vomited as specifics but one by one most of them have been relegated to the limbo of last years birds nests and almanacs. As the disease is very common we need a remedy which while efficient should be cheap

[illegible] long [illegible] [illegible] [illegible] [illegible]
ditions and lately has become so cheap that the
[illegible] [illegible] [illegible] [illegible]
a principle in the [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
of developed [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible]

Or cinchonism may be maintained anything
the intermission in case the necessity of the
case is urgent it is not essential to wait un-
til the signs or symptoms of the fever or tone be present
[illegible] Quinine may be given as soon as
diagnosis is made. Indeed in some cases viz the
[illegible] [illegible]
[illegible] quinia [illegible] essential [illegible]
in this condition to give 10 grains doses every
[illegible] with [illegible]. [illegible]
[illegible] increase and stock dose upon dose. The
[illegible] cinchonism is the [illegible]
[illegible] [illegible]
[illegible] [illegible]
with the [illegible] [illegible]
tension in water. The gar coated pills are
good when fresh. When [illegible] [illegible]

[illegible] condition and especially if prompt action is desired by hypodermic injection. Used the orbitous sulphide in solution in acid alcohol [illegible] [illegible] solution the hydrobromate [illegible] sulphide or the [illegible] carbonate. [illegible] [illegible] [illegible]

[illegible]

[illegible] and [illegible] [illegible] [illegible] in costs. In the chronic [illegible] a pill of iron [illegible] [illegible] most valuable remedy. In dose in [illegible] dilution arsenic is little [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible] after he has, should restore physical [illegible]

[illegible]

ze in taking some physical or mental exercise, and the system seems satisfied immediately after it has it does after a regular meal. And of course regular measure of the golden rules of hygiene.

[illegible]

[illegible]

man; from [illegible] to [illegible] years
the decline of old man; beyond
[illegible] the [illegible], not seems to live
[illegible]
[illegible] All the [illegible]
medicine could raise no [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

earth, even if hands and face and knees and feet do take some dirt from her surface and garment [illegible] and stained

Education [illegible]

[illegible]

We may [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] specially [illegible] [illegible]

matter [illegible]

[illegible] The [illegible] [illegible], [illegible]

welfare of the child [illegible]

should it [illegible]

[illegible]

[illegible]

[illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

sit down and study [illegible] in my any one day. The [illegible] heri-
tage there is a word under
five twenty and subtle the [illegible]
is more [illegible] at [illegible],
while [illegible] is [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
said he [illegible] [illegible] [illegible] of
education which is [illegible] [illegible] [illegible]
and [illegible]. [illegible] with
this [illegible] [illegible] [illegible] [illegible]
than one [illegible] such as he can
build to what he already has attained,
and indeed this is as much as
our greatest philosophers had when
[illegible] [illegible].

It is [illegible] said [illegible]
that [illegible] of time [illegible]
[illegible] of [illegible]

much higher attainments [illegible]
practiced. The mere mind
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
professions. They know indeed
what hygienics require for good
health as regular sleep, [illegible]
habits of exercise and regulated
study. They know [illegible]

[illegible]

all beverages such as alcohol tea, coffee and wines should be strictly prohibited. These same rules [illegible] when she is in the prime of life, and when [illegible] though he is not the head [illegible] he is the central figure on

the domestic circle. [illegible]
[illegible] and [illegible]
being are not [illegible]
for others even for generations unborn.

"Every [illegible]
physician at forty." At the
age of forty a man should be
settled and sound, body and in his
mind; he should of course be married
for immoral people of the unmarried
especially are enemies of the human
race. In the voyage of life
our well preserved man of forty may
move on so equally in health [illegible]
that for 10 years there may not be wear
and tear enough to cause appreci-
able deterioration [illegible]

and calmly as if the [illegible]
ed to time. He [illegible]
takes the active [illegible]
man put shades [illegible]
ing for his particular work-
ing body. It is [illegible]
time that the man is [illegible]
are needed therein, in [illegible]
sight - a bad sight - and [illegible]
the results travels with he with
them. An old man has [illegible]
less provision of vital [illegible]
less capacity for [illegible].

If he lived with [illegible]
as before this provision [illegible]
soon be exhausted and [illegible]
would soon be the [illegible].

[illegible]

[illegible]

[illegible]

[illegible]

Lobar Pneumonia.

Lobar Pneumonia. Synonyms. Croupous Pneumonia; Pneumonitis; Pleuro-pneumonia; Lung fever; Winter fever.

Definition. An acute inflammation involving the vesicular structure of the lungs with a fibrinous exudation rendering the alveoli impervious to air; characterized by a sure chill, low, pain, dyspnea, cough, rusty sputum and great prostration.

Aetiology. It has been a subject of much discussion, either a local or a constitutional disease. Inhalations of irritants will not bring on the disease. Cold and wet weather do not induce

it & small amount of
may be satisfied and great Con-
stitutional disturbance be left; on
the other hand a large portion
of the lung worked and be-
fight Constitutional disturbance.
Most every case is ushered in
by a chill like the Constitutional
diseases, also pain, [illegible] Symp-
toms Coma, and convulsions
which characterize Constitutional
diseases are found in Pneumonia,
so we have said before Cold and
wet rather have an appreciable
effect in the pneumonia-date
it is found more frequent in
the Southern States than in the
Northern States almost entirely
unknown in the Polar regions.

The Causes of the Cutting Disease

The Predisposing Causes, are those who are addicted to the undue use of Alcohol. More frequent in the first two years of Childhood than the succeeding children years. But is found most frequently between the ages of Twenty and Sixty. Old age is a predisposing Cause and is mostly fatal when it attacks persons over sixty years of age. It is said that nine tenths of old aged people that die of acute diseases above sixty five, die of Pneumonia. Attacks the male oftener than the female, about Five to one.

Morbid Anatomy, Pathologically

All as Clinically, there are four recognized stages in Lobar Pneumonia

I Stage of engorgement or Congestion

II Stage of red hepatization.

III Stage of gray hepatization, resolution or purulent infiltration The stage of resolution or purulent infiltration may be called the fourth stage apart from the third stage.

1st stage, hyperemia or engorgement Consists in the vessels of the alveoli being distended to their utmost, encroaching upon the cavity of the air vesicle.

If a piece of lung be cut off well float as it contains space

[illegible]

[illegible] a [illegible] is a [illegible] [illegible] [illegible]

[illegible]

[illegible] and it [illegible] to [illegible].
[illegible] Cut into the color density [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] of the
Action of the liver.
[illegible] is completely [illegible]
and the lungs [illegible] [illegible]
exudation of [illegible] [illegible]
[illegible] a hungry appearance
[illegible]. In this stage the
[illegible] [illegible]
[illegible] tissue [illegible] [illegible]
[illegible] with fibrin [illegible], [illegible]
[illegible].
The third stage, is of gray hepatization, [illegible] is not much difference between the first of this stage and the second stage. [illegible] is

Third in Color, Second Stage;

Second is gradual disappearance; ended death with the lungs impervious area in color yields to pressure. In lung consists of a fluid liquid gradually decreased in this place in the alveoli. If that liquid will flow out so the alveoli are filled with a semi-fluid made of blood corpuscles, pus corpuscles, and microbes. If this stage passes into resolution the pneumonia gradually ceased and partly expectorated the alveoli have their contents and are empty in. The third stage may pass into purulent infiltration, which may terminate in resolution.

Lobar Pneumonia may pass

ing either of the following Con-
ditions
1. Congestion. 2. Inflammation,
3. Abscess 4. Gangrene. Chronic
interstitial pneumonia. In dis-
tention the blood vessels lose
their integrity; water is drawn
and extravasated, and rupture
into the alveoli. In infiltration
the pus works through the
tissues and the lobe of lung is
infiltrated, present the appear-
ance of sponge. In abscess the
walls give way and many alveoli
are made one, this condition is
very rare. In gangrene tissues
and breaking down lung
tissue fortunately this condition
is very rare. Chronic habits

in the inferior posterior part of
lung, first lobe, pleurisy and
a fatal result.
This disease is chronic, gradual
in commencing, which is characterized
by inflammation of the interstitial
tissue of the lung, enlarging and
obliterating some of the air cells
in the first stage the lung is
much distended and enlarged,
then contracts the lung in
this becoming solid, enough
its natural size. This condition
however is rare.
The most frequent seat of pneumonia
as follows first right lower
lobe; second left lower lobe;
third right upper lobe, first of
all the right middle lobe

[illegible]

[illegible] is the [illegible] in red [illegible].

Duration of different stages vary. In congested stage usually lasts from one to three days. Stage of consolidation from [illegible] seven days. Stage of resolution from one to three weeks after the lung is engorged it will generally [illegible] through all the stages yet in a very few cases may be aborted.

Complications. [illegible] still more severe and prolonged than are the disease exhibiting intermittent fever and anemia. If these diseases can be avoided it is better [illegible] to the [illegible]

of pneumonia, [illegible]

[illegible]). A chill is followed by a rapid rise of temperature (102°–105°). A strong full but rapid pulse, a dull heavy pain accompanied by dyspnœa is soon associated with flushing, shortness of breath, expectoration from 10 to 20, pulse varying to 140. Delirium sometimes but not always occurs; it does not depend on the amount of lung involved. Cough short and hacking from constant pain. Children, sick, unconscious, expectorated in the first stage; but later on not of an opaque rusty, frothy mucous tenacious consistency. Later

Changes in the second stage, the sputa is of a "brick dust" or rusty hue, due to the numerous red blood cells being thoroughly mixed. The rusty dust sputa is a pathognomonic sign of pneumonia. The disease since sputa belongs to the advanced stage and is a grave symptom. In the stage of resolution the sputa becomes more fluid and is brought up in a copious quantity in character resembling pus. Then there is no expectoration. When it suddenly ceases in old persons it is a bad omen. The urine is scanty, albumen diminished and gives rise to a brick dust deposit.

[illegible]

and evening on account of the temperature is about the third day, going up to the seventh day. Then the crisis. If the temperature goes 3, 4° will terminate fatally. The crisis may come between the 5th and 7th day from the initial chill. He should be watched for death may occur from heart failure. If the temperature does not come gradually, but is called lying crisis is the most common of the two, the temperature is apt to be higher than at the crisis. If high temperature sets up it is caused by pneumonic complication. If an alcoholic subject delirium

will occur. Epistaxis is [illegible]

[illegible] place then the patient is dyspnoeic. There is nothing in Construction with typhoid fever it is simply a pneumonia with extreme prostration.

Physical signs. Inspection. On the first day relaxement of the affected side due to pain in the second stage the healthy side is normally. The affected side lagging behind. If both lungs are involved to any the diaphragm cannot descend and the epigastrium does not protrude during inspiration; the breathing being conducted by the upper part of the chest.

Palpation. In the first stage

increased vocal fremitus.

In second stage vocal fremitus is markedly increased. Direct patient to say "99" and there will be a marked increase of thrill.

Percussion. In the first stage, the percussion note is slightly impaired at times; at times having a hollow or tympanitic quality. In the second stage, dullness over the affected part, with an increased sense of resistance.

Auscultation. In the first stage, over the affected part subtle vesicular murmur. In a few days sound, the vesicular walls thickening together, and separating during inspiration, giving a crackle

sound likened to the crackling of salt thrown into the fire. This sound is same as the inspiratory rale, in the second stage, high pitched tracheal rattling, total breathing inversion and the inspiratory sound except in those cases in which the bronchi are more or less filled with secretions. Bronchophony or distinctly transmitted voice & cough. Bronchophony or distinct transmission of articulate sounds due to consolidation of a cavity. In the third stage all these signs disappear. The inspiratory rale returns which has been absent in the second stage (Expiratio redux).

Condition [illegible]
[illegible] are associated with [illegible]
and small circumscribed [illegible]
Consolidation of all the lobes and
positive are [illegible], recovery
may generally take place in the
two weeks, when general exhaustion
supervenes. The disease pursues a
[illegible] course of general [illegible]
duration, with a few exacerbations.
If death occurs in the second
stage it is usually the result of a
collateral oedema of the unaffected
lung, or a [illegible] in [illegible]. Death
in the third stage result of exhaustion
it is especially fatal in the weak
aged or drunkards. If abscess
occur there are [illegible]
[illegible] with a large

[illegible] of [illegible]

Time blood-[illegible] and expectorations.

Gangrene is a rare termination. It is associated [illegible] putrid-[illegible] of pulmonary; the expectoration is [illegible] and fetid, and the physical signs of a pulmonary cavity.

Diagnosis. Pneumonia may be confounded with either of the following diseases: Pulmonary Oedema; Capillary bronchitis; Lobular Pneumonia; Typhoid fever; Phthisis; Pleurisy; Pneumothorax. Oedema is a passive condition, arising from the [illegible] of the right side of the heart, in the [illegible] of temperature [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible] will be
[illegible] Great Comic Tragedies
is always a [illegible]
[illegible] in the [illegible] [illegible]
[illegible] and the [illegible]
[illegible] Tragedy [illegible]
[illegible] and Tragedy [illegible]
Charles is not [illegible] in
a [illegible] [illegible]
[illegible] [illegible]
[illegible] as [illegible] [illegible]
[illegible] of [illegible] [illegible] on the [illegible]
[illegible] of [illegible] [illegible]
to and for sound, on the stage
of [illegible] dulness or [illegible]
but flat in [illegible] [illegible]
[illegible] [illegible] and the [illegible]

[illegible] is given show
lobular Pneumonia [illegible]
[illegible] in children [illegible] usually
preceded by a transitory tubercu-
[illegible] occurring in [illegible].
[illegible] in children and [illegible]
[illegible] by [illegible] and [illegible]
temperature. Typhoid pneumo-
[illegible] differing according in [illegible]
[illegible] and [illegible].
Prognosis. depends on the [illegible]
of the inflammation. Death
pneumonia being [illegible]
temperature. 105° and [illegible]
120 are of [illegible] [illegible]
[illegible] of drunkards almost [illegible]
[illegible] terminate fatally. [illegible]
[illegible] pneumonia, [illegible]
[illegible] alterations [illegible] at the lungs

[illegible]

Diagnosis

Treatment: [illegible] [illegible] [illegible]

[illegible] Lytin and [illegible] of Quinine is

[illegible] in some [illegible] that the dose [illegible] the second stage is [illegible] but [illegible] will cause the production of an [illegible] solution. Alkalis may be used to [illegible] the acidity of the solution and coagulation of Albumen. Dose [illegible] Pills, gr. iv–vi. In the second stage solutions should not be given, even vinum may be [illegible] for the high temperature. Cold sponging, first of the body at a time, should be [illegible] on the [illegible] along the [illegible]; Quinine and Antipyrin [illegible] be given. In the first [illegible] Quinine acts as an antipyretic [illegible] stage as an antiseptic also strengthens the [illegible]

[illegible] Pulse [illegible]

[illegible] Tumultuous, [illegible] [illegible]
brandy [illegible] [illegible] [illegible]
of the face is flushed and the weakness
increases, stops the act. Turn use it
in the first stage. When the second
stage is well set in increase the dose
to ℥ss every half hour when the Pulse
becomes quick for [illegible] failure
If any other symptoms may be favor-
able and the heart-action [illegible]
stimulants [illegible] set in, the
brandy will stop it. Ammonia [illegible]
may be use with the brandy if the
vessels are not acting well and
digitalis. In the third stage of
fever is no expectation [illegible]
may be given. If the third stage
lingers and the products of [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

Feb. 4 1897

Baltimore, Oct. [illegible] 1[illegible]

Mr. Fuller, Co.

Gentlemen:-

In the Faculty of Music

University of Maryland,
[illegible] St. [illegible]
[illegible] Lombard St.
Baltimore, Md.

Dear Sir, [illegible]

[illegible]

21[illegible]

Intermittent Fever.

This affection is one of the chief, if not the chief disease we are to contend with in the case of the malarial disease, which came to characterize the site.

Etiology.

[illegible] is [illegible] accumulation; the [illegible] [illegible] [illegible]

[illegible] this city, [illegible] the blood of [illegible] also in [illegible] in this locality, a microscopic germ invasion vacillus, found [illegible] no other site.

The production of [illegible] is attributed to vegetable decomposition.

Cholera [illegible] as [illegible] generated in [illegible] cesspools, or sewers [illegible] resistance for any [illegible] even its avid localities.

It [illegible] is invented in a trap. [illegible] 32° [illegible] this [illegible] [illegible]

countries, [illegible]
[illegible]
[illegible], [illegible] this dis.
However, it has been [illegible]
obviously healthy location.
[illegible] the soil, [illegible]
of [illegible], &c. As the [illegible] of [illegible]
[illegible] well in growth, renders it
[illegible] the health of [illegible] after
[illegible], [illegible] [illegible]
[illegible] of [illegible].

The [illegible]

[illegible] other [illegible]
[illegible], the [illegible]
[illegible], [illegible] [illegible].

Particular [illegible].

[illegible] [illegible], [illegible]

Fever & Ague.

Medical History.

This embraces an accurate [illegible] of the symptoms, the investigation [illegible]

In a majority of cases, the attack [illegible] ended. In others, [illegible] [illegible] Chills [illegible] Malaria.

Although not definite, sometimes leads the patient to anticipate the attack, when [illegible] [illegible] [illegible] warning stage, each of which [illegible] characteristic [illegible].

Cold stage.

This commences with a shivering in the limbs, extending over the back, and limbs.

The chill is more or less severe; at times, slight; at others, very violent: the surface of the skin, presenting the characteristic roughness, resembling the skin; the surface with white colour. Violent shivering which, when taken the thermometer, shows at the time an increase, in readiness in the centre & extremities, at extremities. Below the normal.

Convulsive chill, with shutter, patient shakes violently;

Faint sight. Pulse small, weak, and vacillating; countenance has an anxious expression. Face, pale, or livid; tongue, at first is natural, extreme cold. Circulation, sometimes completely overbalanced in extremities.

Mental

irritability, depression, or mental wandering; excitation alternate with

Moralism or despair,

from one half to three hours.

Transition

to last stage, usually gradually; flushing of the skin; sensation of dryness, febrile symptoms, delirium & total stupor to end.

Q. 7.

Cold stage sometimes shortly, and paroxysm begins with cold stage. Congestion of internal organs take place in this stage, owing to interrupted capillary circulation. Though the amount of blood is not diminished.

This morbid condition, caused by the contracted bronchial vessels, prevents the free stimulation of the congestion.

Cold stage is not the necessary cause of the other stages; as it is in at times, even gain; sometimes occur, when the other is wanting.

Not-Stage.

Fever is characterized in first month. Skin hot, pulse quick, full, and bounding; face flushed, epistaxis common. Temperature in axilla, including temp. from 103°–106° Far.

Third month.

Symptoms increasing, fever again in disappearance.

Duration of Not-Stage from time, to Eight Days. Exhaustion, perspiration, weak, pain in axilla-this stage.

Fourth Stage.

Convalescence establishes in fourth week, and expiration; fever gradually

Characteristics: Epistaxis and [illegible] [illegible] [illegible] [illegible]

[illegible] yellow [illegible] [illegible]; [illegible] yellow with [illegible] [illegible]; with [illegible] [illegible] [illegible] ends.

Sensations [illegible] [illegible], [illegible] [illegible], [illegible] [illegible], [illegible] [illegible], [illegible] [illegible] [illegible] & [illegible] are increased.

Albumen in urine [illegible] [illegible], [illegible] [illegible] [illegible] which [illegible] [illegible] [illegible] [illegible] [illegible] in renal arteries.

Intermission is called the [illegible] period; this is the time intervening;

between paroxysms.

The period from the beginning of one, to the beginning of the other paroxysm, is the interval; the intermission, being the time elapsing from the end of one, to the beginning of the next paroxysm; the duration of the interval, being the space in which the disease is divided into its various stages.

Eg. Quotidian, Tertian, and Quartan:

In Quotidian fevers.

Interval, lasts twenty four hrs. patient having a single paroxysm every day.

In Tertian fevers.

Interval lasts forty eight hrs. paroxysm, recurring on alternate days.

Intermittent Fever.

Intermittent Fever being two, into Intermittent Tertian, Quartan and Quotidian, the days intervening between paroxysms.

As a rule, paroxysms are constant in each individual type.

Quotidian, & Tertian types, are the most common.

Sometimes exist in which one of the first types are doubled. That is, two sets of paroxysms exist.

is a double Quotidian, two paroxysms occurring daily; In double Tertian, a paroxysm occurring every other

paroxysm occurring at different ultimate days.

A Tertian, is duplicated, when two paroxysms occur in the same day.

(For double Quotidians a paroxysm occurs two successive days; on third day, there is no paroxysm; finally, triple Quotidian the paroxysm occurs on three successive days; the paroxysm occurring on each day, certainly points to a double one or triple, compared with that occurring on fourth day.

These may occur at any hour of the day: rarely at night.

The Tertian and Quotidian, recur in succession one day, a second; the Tertian is a fever, returning, the same hour each day.

This at times varies, often earlier than are paid alternate days; often later, retarding.

Remission, Intermission, cases vary some; marked lucidity others, digestion and appetite good.

Anemia, is a complication in long standing cases.

Pallor of face, with-sallow tint-and Cachexia, at times apparent.

Respiration, at times indefinite.

It may continue for months, unless arrested.

This dis. is said to be remitted at times, in some at times, with other dis. as hydrocephalus, &c. occurring intermittent according to type.

Can bring affected to perfect remittent state in Rhinnilant-fever.

Diagnosis.

Can well remember case, is not difficult. The fever during setting the type.

A history of living in a malarious region, will aid in making diagnosis of such cases.

Diagnosis.

Good; except in [illegible] malignant, as regards [illegible] cancer.

Simple Dermatitis.

In most cases, [illegible] changes, or [illegible] in [illegible], [illegible] [illegible].

If neglected, its effects will be, anæmia, [illegible] and [illegible] anæsarca.

Treatment.

For the cure of any [illegible], [illegible] [illegible] Strychnine in this case, I am.

The salts of Quinii, of which the Sulph. is preferred, will assist.

the present, the treatment of such
cases is most crude;
"Tempus est optimum medicum,"
sum.

The partial effects of this dis-
ease in particular, it is correct.
The liability is a relative one
diminished.

Determination of medicine
is necessary in this dis-
ease. Administration of Remedies;
this should begin, as soon as
a certain diagnosis can be made;
this is most Effective, when given
immediately after a thorough
allowing the crude fluids to have
on the specific effect of the remedies:

Rec.

Gum Camphor one ounce
dissolved. Cinnamon, one
drachm, one scruple; Tincture
of Opium completely succeeds, in
administering from 300 - 400 drops;
Calomel grains, 6 or 8, at shorter
intervals, from three to four hours.

After this

examination we observe, continue
the Opium, in 3 gr. doses, for
eight or ten days, as the disease
leaves, at the expiration of which
time full doses of quinine, to
anticipate, occurrence,

The Quinine
may be administered, in powder

ill, or Solution.

If administered
by the Stomach, administer in
Hypodermic Injection, or
Enema.

In Enema, administer
larger doses; In Hypodermic,
always administer in Smaller
doses than by the Stomach.

By Injection, Hydrate
is best; as Pills in Solution is
slower in range, than by the Stomach.
Effects begin more rapidly, and
in the Rectum, but should be used
always in Extreme cases.

If
Anemia exists, a chalybeate should

to reach.

There are several
succedanea of Quinine, which
will answer the dis.

Salacin, dim
intermittent, in doses of from
grs. III.–V.

Sulph. Berberine, in doses
from grs XL–XII alternating intermit.

Cinchonic, is next to Quinine in
reliability. Fluoric Solution should
be given, in xv.–xx. drops doses. Tri. daily.

Some of these are to be preferred;
to Quinine, except in the Quinine mania
of the teaching; will cost, without
the administration, a few cents.
Salicin Quinoline; dimin. [illegible]

A full dose of Acid or Alkalifum.
The latter in Dandelion may
alert the child and send sleep;
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

Remedy

hot baths, employ Epsom
Salts internal.

Remedy. The Remedy may
be altered by their treatment. When
occurring as regards other Elis.

In such
cases, the Separation of Kinchona,
Red Iron, Mild-Mercurial treatment;
Red Sulphur Hot, are useful.

Dr Hahnemann
of the Salem, the intimate use

[illegible] ex museum Salis,
Quirini, Ac Palladium.
Mandat, ut effectus exam
an Effuum-Manulia.

[illegible] Valtinuno.

Valtinuno [illegible]

Spalt. Off.

118.

[illegible]

[illegible] the Annual [illegible] Meeting
on the 2nd of May 1[illegible],
[illegible] called to order
[illegible]

I

[illegible]

[illegible] a little [illegible]

[illegible] this may account

[illegible]

13th 1876

my father was [illegible]

had been [illegible]

[illegible] home,

[illegible]

On arriving I found

the patient [illegible]

V

[illegible]

[illegible] willing to [illegible]
[illegible], in order that the
[illegible] should
[illegible]. An equilibrium

VII

[illegible]

[illegible]

[illegible]

Pericarditis. Pericarditis is the inflammation of the pericardium. Pericarditis may arise in any form of acute or chronic.

Anatomical characteristics. The morbid results are different and circumscribed. Pericarditis occurs in the circumscribed form. The circumscribed inflammation are generally located at the base of the heart and near the origin of the great vessels. Diffuse pericarditis is the more common form. Inflammation of the pericardial sac resembles every other serous membrane of other serous membranes. In the serous membrane results relative to the congestion of

[illegible] and [illegible] [illegible]
[illegible] [illegible] the [illegible]
the [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible]

which is rare. "purulent pericarditis" is said to exist. it seems occasional in Syphilis. it may be produced by the extension of a purulent inflammation from contiguous structures. the effusion of fluid varies greatly in quantity in different cases. it may be that only a few ounces are effused and other cases the amount may be a pint or more. it is generally straw-colored fluid and has floating loosely about in it small particles of fibrin. if the case terminate favorably the serum is absorbed and after disintegration of the fibrin it also is absorbed leaving

Tho. coincidently with the adoption of the inflammatory, erosive, ulcerative or pseudo-membranous degeneration and tenacious such as extent as to obliterate the pericardial sac. But the more common form of adhesion is bands and threads passing from the visceral to the parietal surfaces of the pericardium. Purulent pericarditis pursues a less favorable course. A large amount of pus accumulates in the sac and may escape externally by ulceration forming a fistulous opening or it may escape internally into the lungs.

Edema &c. For the sake of convenience, acute diffuse pericarditis is generally divided into three stages. First stage extending to the first signs of the disease at which the effusion is sufficient to be appreciable by the physical signs.

Second stage, or the stage of effusion, extends until the fluid is absorbed. The third stage or the stage of convalescence lasts from the absorption of the fluid until recovery.

<u>Clinical History</u> - Generally the symptoms are made up of co-existing pathological conditions such as acute articular-rheumatism

cardiac Bright's disease &c
in these conditions it is difficult
to determine what symptoms are
due to the Pericarditis. Pain usu-
ally attends the development
of the inflammation which is de-
scribed as being acute and lancin-
ating in character similar to
the pain experienced in Pleurisy.
This pain exists. It is always
considerably increased on forced
respiration. Owing to this fact
Pericarditis may be mistaken
for Pleurisy. Pain may or
may not be a prominent
symptom, as it is intermittent
very much. The condition

[illegible] all expectation [illegible] a
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
the inhalations act as in Pneumonia
may be noticed at times. Occasional
tightness greatly increased sensi-
ve pressure. Pulse is described as
being accelerated and vibratory.
Pulse, anorexia, weakness &c.,
exist. Symptoms referable to the
second stage are effusion and as
soon as this takes place [illegible]
site of the local symptoms sub-
side. But if this be rather under-
[illegible] [illegible] in amount distending
the pericardial sac, [illegible]

[illegible] heart disease [illegible]
considered. There is [illegible]
the recovery of the heart [illegible]
but a marked tendency [illegible]
to [illegible] distinct
[illegible] at times [illegible]
[illegible] result from the cure.
The veins of the neck [illegible] dis-
tended and the patient complained
from pressure of the effusion
upon the auricles of the heart.
Pulsation is sometimes noticed
in them. The nervous system in
some cases becomes affected as
shown by the occurrence of delirium
which produce paroxysms of
maniacal excitement. Coma.

[illegible]

[illegible]

[illegible]

without attention being directed to the thoracic cavity at all. Again, in some cases the symptoms are grave in the extreme. With absorption of the effusion, if it be not great in amount, subsides. The symptoms of compression of the heart, on absorption, differ in different cases, disappearing, partially in some and wholly in others. During cardiac compression, heart action is weak and easily excited.

Pathological Changes. — Inflammation of the pericardium is about the same as in inflammation of other serous membranes.

[illegible] to the exudation of lymph and of blood producing friction exudation and the [illegible] appearance which is due to the damage done to the epithelium and fibrin on the surface. Adhesions of pleura or these extent may and if these become organized we may have permanent adhesions formed. In the traction may cause producing suppurative pericarditis. The exudation of serum and fibrin differ greatly in different cases. There may be much effusion of fluid and but a small amount of fibrin

or there may be a large amount of fibrin and only a small quantity of fluid. Again, both may be very slight.

Etiology.— Examine of Pericarditis is almost always secondary and in most cases connected with acute articular Rheumatism. It may also occur in acute or chronic Bright's disease but is more [illegible] with the latter form of [illegible] it is supposed to be due to the accumulation of urea in the blood. It has been observed to occur in the course of the eruptive and continued fevers, [illegible] Scarlatina &c

In these conditions its pathogenic
relations are all probabilities, no the
same as when it occurs in the
course of rheumatism or [illegible]
[illegible]. It sometimes happens
in the course of [illegible]
[illegible] that inflammation of
the endocardium is set up in
[illegible] inflammation
from the heart. The [illegible]
more particularly when [illegible]
[illegible] or [illegible] is affected
[illegible] or [illegible] [illegible]
[illegible] is a very [illegible] disease. [illegible]
[illegible]. It is found that in
connection with one or other
of the above mentioned [illegible]

Diagnosis.— Pleurisy, Pneumonia, and Pleurodynia are diseases from which Pericarditis can not be distinguished by its characteristic noise; if it existed in connection with the first two of these diseases its presence would certainly be established unless the symptoms were contradictory. Here physical signs must be trusted to and are very valuable. An auscultation murmur heard over the praecordia which is synchronous with the action of the heart is proof of the existence of pericarditis. This sign remains very early and so long as the cardiac friction murmur is in a double

sound produced by the contraction of the heart and the resemblance to the creaking of leather. It is limited to the precordial region and is heard with greatest intensity [illegible] when the patient leans slightly forward. By palpation, fremitus is occasionally felt. A murmur identical in character with that heard in pericarditis is sometimes observed in cases of pleurisy, where the seat of inflammation is situated in the anterior part of the pleura next to the pericardium. But if only extends to the border of the heart it varies in intensity

more than the ordinary cardiac friction murmur and these would be the only symptoms of cardiac concern. It is generally more or less affected by the movements of respiration. Percussion in the second stage of pericarditis shows the amount of fluid effusion. The precordial area of dullness is increased to a greater or less extent and it may even be that in character when the pericardial sac is filled with fluid it forms a circumscribed area of dullness or flatness on percussion. The apex beat is lost near the sternal notch and the pulse passes from a point to the

right side between the right margin of the sternum and right nipple in a point on the left side without the nipple and a little below the level of the 2nd rib at its end. At the sac be only partially filled with fluid sometimes to more or less marked in extension in its amount. At the effusion be very great it may cause bulging of the region of the heart to a slight extent. Diminution or the entire disappearance of the vertical dullness may take place in much effusion. Occasionally it remains when the sac is filled and even when it is dilated. If it have disappeared or diminished

Second Stage. It is usually after the secretion of the fluid. It then ceases until exudation takes place. At times it continues during and after the fluid stage to a slight extent. When the accumulation of fluid is considerable, the apex beat is weakened and altered in position, being carried in some cases as far to the left as the nipple line and as high as the fourth intercostal space. The first sound of the heart becomes feeble and shorter.

Prognosis.— Acute pericarditis is occasionally a very dangerous

infection but in other cases it is comparatively a mild one. The gravity depends very much on the suddenness and intensity with which the disease manifests itself on the amount of inflammation, exudation and especially upon the quantity rather than the rapidity of the effusion. Death may be caused, when the effusion is great in amount and suddenly thrown out by paralysis of the heart or by syncope, or by life being caused by compression. Generally however when death occurs it is in some months, the disease lasting from one to two

[illegible] The immediate cause of death in such cases is in the first place the long continued congestion of the heart, in the lungs and in the second place a destructive [illegible] of the substance of the heart or the [illegible] to continued. Sudden death in anemia may be caused by peculiar exertion, especially when effusion the result. Excess of complicated accidents, [illegible] made to become [illegible] in [illegible] and [illegible] by fainting or hemorrhage it is seldom fatal. But when occurring in the course of [illegible] disease

[illegible] of [illegible] [illegible]
[illegible] great importance in cases. [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

stages of an acute or chronic nephritis and need undoubtedly the appropriate treatment. This extension is accepted in the course of any debilitating or other grave disease such as Bright's disease, Pneumonia or Enteric fever. Blood-letting is said to be employed in Scarlatina, Scarlatina or it occurs in response of inadequate to act of the heart in order to the ability of the system to sustain an extra disease. It is never indicated after effusion has considerable extent has taken place. In the first stage relation in increase of the living excretion

and restricted diet should be prescribed. Cancerous and other malignant growths should be restricted to the first stage, for if continued into the second stage they might produce a great depression of the heart. Especially in these be much effective. Hence the importance of determining as soon as possible by physical signs the presence and amount of fluid in the sac. As in other acute inflammations, rest is of great value. Pain, indicated by pain and constitutional disturbance and should be used sufficiently to give relief and comfort to the patient. Locally, a poultice

or the water dressing may be en-
joined. Blisters in this stage
are more harmful than bene-
ficial. By adding to the general
discomfort of the patient in the
account of effusion he is apt to
be restless and complain the more,
it is of the utmost importance that
the venous should be effected as
soon as possible. This may be done
by small blisters applied over the
pericardia and then allowed to
dry rapidly. Diaphoretics
and diuretics may be used
but as these are very depressing
agents much care should be bestow-
ed in their administration.

increased. Their depressing effect upon the heart and system at large should be met by the proper administration of alcoholic stimulants and nourishing diet.
Elaterium is one of the best agents to use in this case, as it produces very copious and watery evacuations. The depressing effects must be met by proper stimulation. If the heart is feeble and irregular either in the first or second stage digitalis is indicated. Where the compression is very great and [illegible] it may be necessary to draw off the fluid by aspiration. At best but [illegible]

insert the needle, the accident is a little to the sternal side of a perpendicular line drawn midway between the left margin of the sternum and left nipple and between the fifth and sixth ribs. So much of the fluid should not be drawn off at once or fatal syncope may follow. In the third stage of pericarditis owing to the liability of fatal syncope from muscular exertion it is of great importance that the patient should be kept as quiet as possible. The treatment and prognosis, the stomach should not be overloaded but easily digest

Rest and nutritious diet given. Force and good hygienic surroundings promote recovery.

When pericarditis occurs in the course of acute articular rheumatism and being due to the same morbid element in the blood, this the common cause should receive attention and treatment directed to its removal. The pericarditis subsides as the cause is removed. When ending in recovery without recognizable adhesions to a greater or less extent may be looked for. In some cases of pericarditis where patients have died subsequently from some

other cause, on post mortem examination. The pericardial surfaces are not infrequently found to be adherent over the whole extent and yet no symptoms referable to the heart existed during life. These adhesions do not as a rule formerly subsored tend to progressive enlargement of the heart. Nevertheless they coexist and this fact is sometimes considered a danger from the disease from its sequelæ.

Marshall C. Smith.

Acute tubular nephritis.

by

W. S. Spohn

of S. C.

The kidneys, lies somewhat like a horseshoe situated near the diaphragm and back of the peritoneal cavity, are the great excretors of the body. When we consider that most of the waste products of the body are eliminated by them it is not to be wondered at that they are so often the seat of disease. If the system be poisoned in any way, either by a chemical change in its own tissue or by poisons introduced from without, its influence is brought directly to bear on this organ. Among the diseases to which the kidney is liable is a group differing more or less from each other but all having one symptom in common - albumen in the urine. This group is known by the name of "Bright's disease, after Dr. Bright, because to him was due the honor of first thoroughly investigating the

diseases and giving the result in definite shape. Of these, we have selected for discussion the tubular or infectious or acute inflammation of the uriniferous tubules.

Pathological Anatomy. Not much is definitely known of the pathology of this disease. The following is generally accepted as [illegible] the kidney is much enlarged—it may be to double its normal size, the enlargement being in the cortical portion; it is engorged; the surface is smooth and the capsule adherent. The color of the cortex may vary from a whitish gray to a reddish gray; the pyramids are deeply congested. Microscopical examination shows the convoluted tubules to be the seat of trouble. The epithelium is much swollen from granulation formation so that the lumen of the tubule may be nearly closed. Fibrin may also close the canal

The walls of the tubules may be put on the stretch by the serous exudation of granulation matter to such an extent that the walls in places give away. Such parts become the seat of fatty degeneration. This may be confined to the original seat or extend to many tubules.

Causation. The causes of this disease are very few. The two principal modes in which the causes act are by throwing increased work on the kidney and by direct irritation of the organ. If the causes acting by the first method cold is perhaps the most common. It is probable that pregnancy acts in the same way. It is held by some that scarlet fever acts in the same way but it is probably incorrect it acting by the latter mode or by direct irritation by poison generated by the disease. Scarlet fever is probably the most prominent cause. Lead, arsenic and other drugs of little action

sure to light up the disease also. Again substances producing hyperaemia of the organ may set up the trouble as can the nitrites, hyperpyrexia. Typhoid fever, erysipelas, and relapsing malaria may, like scarlet fever, act by directly poisoning the organ. Alcohol is classed among the causes by some writers but it is probable that this is a secondary cause - the alcohol causing exposure to cold and the cold causing the disease. Symptoms. The mode of onset is various. In the beginning of the disease the kidney may not be at all suspected. When it arises during an attack of scarlet or typhoid fever, erysipelas, or the onset will be variously modified. When occurring as a primary malady one of two courses is generally followed. It appears either suddenly with high fever, pain in loins, nausea, vomiting, and anorexia or it may set

in gradually with much less severe symptoms. When ushered in by the former method, it is usually due to sudden chilling. This is the least common mode however. When the disease is gradually established it is very insidious. The symptoms being very vague. At first the first symptom, pointing to the kidney as the seat of trouble is simple weakness around eyes and indigestion. This symptom which is by no means a constant first symptom is very characteristic of this disease. The ordinary symptom leading to suspicion of the kidney is the change in the urine. The urine is diminished in amount or may be entirely suppressed. The sp. gr. is raised reaching perhaps 1030. The urea is much less than normal due to suppression of the salt in constituents. The urine becomes dusky and sometimes of a decided red dish tinge.

Microscopical examination shows the presence of albumen in large amount. Blood globules are found either in tact or disintegrated. Hyaline or coagulated blood casts may be observed. Epithelial cells will also be found present. The quantity of these cells will serve as an index approximate the severity of the attack. Later in the course of the disease the pale hyaline casts are supplanted by large casts of the same variety accompanied by an abundance of granular casts. The presence of albumen is the most significant symptom. This may be tested for either by the heat or nitric acid tests both should be used however, to be absolutely correct. Heat may give other precipitates, than albumen so may nitric acid but each will clear up the precipitates except the albumen. The blood vessel walls are so changed in this dis-

which prevents the retention of urine and the loss of albumen.

Course and duration. This depends much on whether primary or an accompaniment of other disease. When primary it is not so much severe, than when secondary. If caused by another disease it modifies the course of that disease. The urinary symptoms generally subside after a few days. The dropsy depends much on the prolongation or otherwise duration of the suppression of urine. If the urine be much suppressed and disappears early, entirely suppressed it may disappear in one week. The symptoms may be relieved temporarily by copious discharge of the kidney's functions by the skin and intestines. This will be of little service if, in the meantime the function of the kidney cannot be restor-

these measures are to be exhausted in the long run. If the accident of the child-bed be not fatal recovery may gradually take place. In a few hours to three months death may result from convulsions, coma or inundation of the lungs. It still remains a question if this disease is an accompaniment of pregnancy. It may occur as a complication of either the first or last stage. The probable cause is given above. Visual phenomena with headache and vertigo are generally the first symptoms but oedema may be the first cause of suspicion. Some of the first symptoms may be overlooked when it occurs in the early stages of pregnancy, the symptoms of the two conditions closely resembling. The nervous symptoms are such as irritability in pregnancy - violent convulsions and maniac

excitement arising. The expectoration of this disease frequently causes abortion or premature labor. After the abortion, if, as often is desirable, the sputum subside, they may continue running into the chronic form. The trouble may recur with subsequent pregnancies or may never appear again. Occasionally it is the immediate cause of death.

Treatment: The first indications in the treatment of this malady is relief of the system. Two or five days may make a great difference. Immediate relief is required. Diaphoretics and hydrogogue cathartics are called for. To produce diaphoresis hot vapor bath and fabrani or its principle, relaxes, are the best means at our command. Fabrani in drachm

down until profuse sweating is induced or phenacetin may be substituted in doses of the muriate. It must be borne in mind that these drugs are cardiac sedatives. Under the administration of this drug urea will be deficient in the sweat. The best diaphoretic is pilocarpine. If this be not at hand castor oil or gamboge may be used. In administering thallinum it must be remembered that it is also a cardiac sedative. Urea being given to relieve the system temporarily measures must now be taken to restore the function of the kidney. For this tight is is the best drug at our command. It acts secondarily and does not exert any permanent of the kidney. Diuresis is the best purgation. F. F. Dunn. What is it

advantageous, is substitute Spirits of Nitre
ether for the Tr. cinnamon in the prepa-
ration. This may be given in a dose of
half a teaspoonful. A large draught of good tea
will be found beneficial. If regular
agents are required cup will be found ben-
eficial. If the patient be young cup
should be applied by taking 3 or 4 ounces
of blood may be drawn. Morphia is a ne-
cessary, to combat the nervous symptoms but
it must not be used if coma exists. When
the nervous symptoms are not very urg-
ent Bromide of Potassium or Chloral
may be used.

FEB 16 1942

The Dean's office states that this man failed to graduate from:
University of Maryland,
College of Physicians & Surgeons,
or
Baltimore Medical College.

Ruth Lee Briscoe
LIBRARIAN

[illegible]

[illegible]

[illegible] litates par des fractures [illegible]

[illegible]

[illegible]

[illegible]

Pour [illegible] feu d'ouvrier d'une [illegible] 4 ou 5 [illegible]

Winter by [illegible]

[illegible]

[illegible] stated [illegible]
[illegible] the [illegible]
Anatomical Character
[illegible]
[illegible] the [illegible]
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[illegible] tomy of
[illegible] Division of colon
[illegible] frequent and serious
[illegible] of the small
intestine. All requirements
may only be complied
[illegible] and
[illegible] little [illegible]
[illegible]

through vaccination
[illegible] in infancy. Inflam-
[illegible] [illegible] [illegible] [illegible]
[illegible] (R.) [illegible] [illegible]
[illegible] [illegible]
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[illegible] [illegible]
[illegible] [illegible]
increased-development in-
[illegible] and enlarged.
[illegible] [illegible]
[illegible] [illegible]
glands. They become enlarged
and in [illegible]
[illegible] [illegible]
enough. You can [illegible]
[illegible] [illegible]
[illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] fever at close

[illegible]

Stools have been some color

and consistence a few times

and [illegible] sometimes with a [illegible]

lumps. Urine colored like

[illegible]

[illegible] stools contain

[illegible] Stools pretty [illegible]

[illegible] 241 [illegible] the [illegible]

[illegible] it exceeds, indeed, in [illegible]
tion [illegible]
[illegible] off [illegible]
[illegible] it [illegible] [illegible]
of mind and should
[illegible] tear fever Pain
[illegible]
[illegible] but [illegible]
[illegible] Stove [illegible]
[illegible]
[illegible] matter
or [illegible] of B. [illegible] Castor only a [illegible]
[illegible]
[illegible]

[illegible]

[illegible] Simplex [illegible]
[illegible] dass
[illegible] Bremen [illegible]
[illegible] welches in
[illegible]
[illegible]
[illegible] respect.
[illegible] Bremen
[illegible]

[illegible] word not found [illegible]

[illegible] of Chelsea

the small ulcers
[illegible] diminished. Red
[illegible] instead
[illegible] Fever in
all acute cases
remittent

dice, eye-ball resulting
1. Diagnosis
not exists to
consistent for
tuberculous alterations
of intestine as
the Pathologist
occurs under
[illegible]
and when it
[illegible] critical, the
[illegible] in tubercular a-
[illegible] [illegible]
[illegible]
[illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible] food
[illegible] to the
breast or [illegible]
[illegible] the food, [illegible]
[illegible] continued. [illegible]
[illegible] [illegible] after
food has been [illegible]
[illegible]
[illegible] [illegible]
[illegible] [illegible]
It should be
[illegible] [illegible]
Rare [illegible] after
only liquid [illegible]
[illegible] stomach [illegible]
[illegible] [illegible] food
[illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

The Physiology of the Stomach including its Anatomy and Histology.

On looking over the broad field of Medical Science for the purpose of choosing a subject upon which to write a Thesis, one is almost bewildered by the innumerable subjects which present themselves, all of which deserve a deeper consideration than this humble writer could presume to give at the present limited state of his knowledge of Medical subjects.

The subject I have chosen has not been selected because I think it easier to discuss or deserving of less consideration on the contrary

it is one of prime importance & has been discussed for centuries by the most eminent physiologists but has yet all the facts been fully eliminated.

Probably as far as the function of the stomach is concerned, that is not enough established for medical purposes: its function being to act as a receptacle for the food, to secrete gastric juice and to insure their admixture.

The Stomach is somewhat conical in shape, having a larger or cardiac, and a smaller, or pyloric end; however this cona is not horizontal but curved, presenting a superior or lesser curve and an

inferior or gastric curve.
It has immediately beneath the diaphragm, its cardiac extremity being in the left Hypochondriac region, while its pylorus is in the right, so a slight axial transverse for a great portion is in the epigastrium.
The Stomach consists of three coats, a serous, a muscular, a cellular and a mucous
The serous or peritoneal coat is a smooth glossy covering consisting of a single layer of endothelial cells.
The muscular coat has immediately beneath serous and consists of two layers of muscular

fibers and a third partial layer. The two former are a longitudinal and a circular. The latter partial layer is oblique and is principally confined to the cardiac end. The longitudinal and circular are mostly of the voluntary variety. This muscular coat toward the pyloric end expells it through the pylorus at the proper time. This muscular coat is of the pale variety.

Next in order we have the Submucosa or cellular coat, into which the minute funduli of the gastric glands dip, and lastly we have the Mucous coat studded with the minute orifices of the glandular tubes which secrete the gastric juice

This Mucous coat is made up of cylindrical epithelial cells which throw off a thick tenacious mucus, which acts no doubt as a protection to the delicate mucous membrane against all kinds of irritating substances, such as strong alcoholic drinks, strong alkalies or acids, etc.

Beginning at the Cardia of the Stomach the mucous membrane is covered with a single layer of beautiful columnar epithelial cells, most of which are mucous-secreting goblet cells. On the surface of the mucous membrane open numerous fine ducts of glands, placed very closely

side by side. These extend more or less vertically, or mamillated into the depth of the mucous membrane.

In the Pyloric end of the stomach where the mucous membrane presents a pale aspect the glands are called the Pyloric glands, in the rest of the Stomach whose mucous membrane presents a reddish or red-brown appearance, they are called the Peptic glands

Owing to the numerous ducts opening on the surface of the mucous membrane, a varied section seems to be made up of thinner or thicker folds or villi, the Plicæ villosæ

But they are not real villi.
The part of the mucous membrane containing the glands is called the mucosa, outside this is a loose connective tissue containing the larger vessels — this is the Submucosa. Between the two, but belonging to the mucosa is the muscularis mucosa a thin stratum of bundles of nonstriated muscular tissue arranged in most parts of the stomach in an inner circular and an outer longitudinal layer
The tissue of the mucosa is adherent to its containing pouch closely side by side the gland tubes. between them is a delicate connect-

ive tissue, in which minute capillary blood vessels pass in a direction vertical to the surface. Numerous small bundles of non-striated muscular fibers arise from the muscularis mucosae towards the surface — forming longitudinal muscular sheaths, and wave around the gland tubes.
The plicae villosae of the superficial part of the mucosa contains fibrous connective tissue and numerous lymphoid cells.
The peptic-Glands are more or less wavy tubes extending down to the muscularis mucosae. The deep part is broader than the rest.

and is more or less curved, sometimes branched; this being the fundus of the gland, that portion nearest the mucosa, where it is thinnest is called is called the neck.

Two or three glands may unite in a common duct, as before stated. The duct is lined with columnar epithelial cells, continuous with and identical with those of the free surface of the mucous membrane.

Next to the lumen is a continuous single layer of more or less transparent, granular looking epithelium cells, each with a reticulated protoplasm and a spheroidal or oval nucleus.

In the neck these cells are poly hedral but further down increase to cylindrical and in the fundus of the gland tubes they become columnar, these cells are called chief cells or central spheroidal cells.
Outside these is the lining membrana propria of the gland tube, but between the membrana propria and the chief cells, are scattered here and there single oval spheroidal or angular granular and opaque looking cells.
These cells are not found in all of the glands, but more especially in the glands nearer the cardia.
They are much larger than the central (or chief) cells and stain much easier
On account of their position they have

been called parietal, marginal or border cells, and from their oval shape, oval cells.
These cells are very easily recognized by their large size and their bulging the delicate membrana propria.
They were formally thought to be the pepsin secreting cells, and were called the "peptic cells", but now this supposition has been thoroughly disproved and they are now supposed by some to be the hydrochloric acid secreting cells.
The absence of these cells in the pyloric end of the stomach gives this supposition some weight as that end of the stomach is nearly always neutral or alkaline.
There is another kind of glands des-

scribed by most Histologists and Physiologists, namely the pyloric glands, their ducts are somewhat longer than those of the peptic glands, sometimes reaching half the depth of the mucosa, whereas the ducts of the peptic glands seldom exceed one quarter of the depth.
The epithelial lining of the ducts and the same as that lining the peptic ~~glands~~ ducts.
The Histology of the pyloric glands is so near that of the peptic glands that it is not necessary to give it, it suffices to say that the difference lies in the difference in the length of their ducts and the absence of the "oval cells"
These glands being serous of course cannot secrete mucous; they are supposed to secrete pepsin, by Edstein and

Maidenhair, but their views on this subject have not met with universal favor

These cells lining the membrana propria are seen to undergo a change during secretion, so that after the digestion of a full meal, they become smaller and less transparent than during secretion; their protoplasm in the former state is a dance reticulum than in latter, the transparent inter-stitial substance in the meshes of the cell reticulum becoming increased in amount during secretion. Between the pyloric and peptic glands there seems to be a zone of gradual transition one into the other, the peptic gland ducts gradually lengthening as they approach the pyloric gland ducts

and the oval cells gradually become fewer and fewer.

The mucous membrane also contains isolated lymph-follicles, glandulae lenticularis and also the glandulae agminatae are found in the pyloric part of the stomach.

The submucosa is a very loose texture thus enabling the mucous membrane to be folded in all directions, thus forming the rugae of the stomach

We will now return to the gland tubes and say a word regarding the vessels surrounding them

All of these tubes are richly supplied with capillary blood vessels derived from the arteries of the submucosa and we have corresponding veins.

The lymphatics form a network in the mucosa near the fundus of the glands. Into this plexus leads lymphatics running longitudinally between the glands freely anastomosing one with another and extending to near the surface. Another plexus belongs to the submucosa.

Between the circular and longitudinal stratum of the muscular coat runs non-medulated nerve fibers, with a few ganglia in its nodes, corresponding to plexus of Auerbach of the intestine and belonging to the outer muscular coat; there is also a plexus of the same kind of nerve branches in the submucosa, this is designed for the muscularis mucosa and the mucosa and

corresponds to the plexus of Meissner of the intestines
Rabé says that in the gastric glands of the horse are surrounded by a rich plexus of nerve fibers, terminating in fusiform cells.
There could be a great deal more said about the Histology and Anatomy, but I must hurry on for fear of consuming to much of the reader's time; so now we begin with the Physiology.

Mode of secretion of Gastric Juice.
This function seems to be under the controle of the nervous system through the Pneumogastric and Spinal nerves the latter being the vaso-motor nerves the Pneumogastric probably the nerve sensation and also trophic in function

In all probability the secretion of gastric juice is under control of a special nerve mechanism, notwithstanding the fact that all visible nerve connection between it and the central nervous system may be cut without any alteration in the secretion save that which would naturally follow the change in blood supply, which is profoundly altered by the severing of the splanchnics.

Most believe that it is a simple reflex act, as may be shown by sudden emotion checking the secretion and the smell of a good meal causing the secretion to commence.

The secretion may be brought about by mechanical or chemical stimuli

Thus by irritating the mucous membrane with a glass rod through a fistula it may be brought about or by the swallowing a small ammount of alcohol or pungent condiments such as pepper cloves &c weak alkaline solutions also stimulate the secretion but none seem to act so well as the normal bolus of food well saturated with the alkaline saliva

It is probable that the central and the chief secretory cells are not the large oval cells as was formerly supposed for the latter are seen to undergo no change while the former undergo a decided change as already partially explained therefore for want of space I will not go further into

the details of this change.
If then the gastric mucous membrane is irritated through a fistula with a glass rod or other mechanical stimulus it is seen to become red or pinkish and numerous drops of secretion may be seen, like so many drops of perspiration. This gastric juice may be obtained for experimental purposes or artificial juices may be prepared by the maceration of finely divided pig's stomach, or any other animal's stomach, in Glycerine. Then by placing some of this prepared juice in a test tube with some proteid material it is seen to undergo rapid digestion

if kept at the body temperature (98°F.)

The active principle of gastric juice is called pepsin which has never been isolated but is a purely theoretical substance formed as it were by the secretion of a substance pepsinogen (or zymogen) on yielding into pepsin

The action of pepsin is limited to proteid substances, converting them into peptones as the final step but they are first converted into parapeptones which are not capable of being absorbed.

The digestion may be arrested at this point by various agents such as alcohol or strong alkalies.

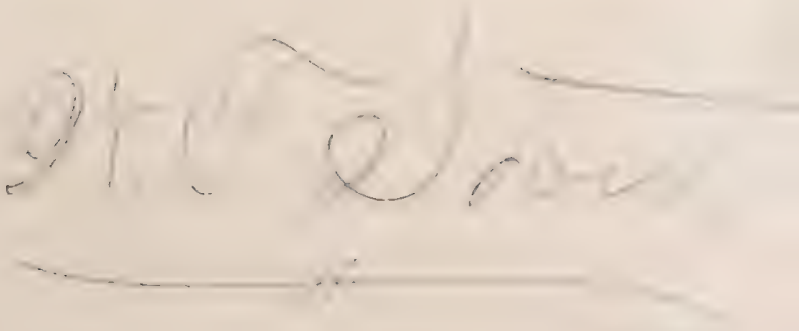
Pepsin can only act in an acid medium therefore alkalies neutralize it and Pepsin has no action on fats. but digests out the framework of adipose tissue and then by the heat of the body the fats are rendered fluid and more accessible to the steapsin (the fat digester) of the pancreatic juice

The the gastric juice was for a longtime supposed to be acidified by lactic acid but it is now pretty well established to be Hydrochloric acid other acids may also be found in it, but they are supposed to be formed by the decomposition of substances

in the stomach.
Too much acid seems to checkers stop the digestion or too little acts in the same manner but if more acid be added the digestion proceeds
The action of gastric juice is not limited to the proteids of meat but also to that principle of grains (Gluten)
The formation of sugar from starch which commences in the mouth is supposed to be stopped in the stomach, by Dalton and others but some Physiologists say that it is not
There would be fifty times as much said on this important subject but for time & space I will close!

046 S. Green St.

Respectfully
M. T. Stout
New Hope Va



the Sky of the Universe

Intermittent Fever.

Intermittent Fever is a form of Malarial fever which is characterised but its prevalence in certain regions where the poison Malaria is generated, but its presence and pathogenesis cannot be the fact that the cell has undergoing stages and are in regular succession. The region of the development of the poison may be seen to be confined to 55° north and 50° south latitude and within these limits it is decidedly the most prevalent over the

equator -

Etiology. The great cause is malaria or development of which human is to be treated as subject to be diseases of health here. Suffice it to say that its development depends upon certain conditions in which the presence of vegetable matter moisture and a certain average degree of temperature is necessary. This temperature must not be lower than 50° Far for in towns are ordinarily it is not generated if it be below 65°. The poison gains entrance into the system either through the lungs or the intestinal tract. In tropic climates that tends to deform an individual either mentally or physically.

[illegible] that most susceptible of the malarial poisons and [illegible] the depressing influences may be [illegible] as predisposing causes. Sporadic fever and most intermittent [illegible] occupies and secondary [illegible] are great factors in the causation of chills and a vast number of like debilitating causes.

Morbid Anatomy. [illegible] are rare. The most constant pathological lesion is the congestion of the internal organs. The spleen & liver are always somewhat enlarged but this enlargement is due mostly to hyperæmia. The structural changes in these organs do not account for the

disease has existed for a long time.
The Kidneys also are more or less
inflammed, and the [illegible] of
the intestines is effected [illegible] inflam-
ed, but it is not attended by any
signs of Catarrh either gastric or intes-
tinal. Changes in the blood,
as fragmentation and great dimi-
tion of red corpuscles, which are found
in the most severe types of infectious
diseases are [illegible] in
of this disease, and not [illegible]
The blood however clots to a certain
extent and is dark in color. In the
[illegible] Cases [illegible] found [illegible] the
number of red globules will be dimi-
nished and the leucocytes also.

[illegible]
[illegible] the [illegible]
always attends this disease. [illegible]
yet has [illegible] been able to satisfactorily explain why the fever is paroxysmal, and [illegible] the existence of a paroxysm the which [illegible] confuseles are [illegible]
[illegible]

Symptoms. This fever, as has previously been said, is paroxysmal in character and its types are determined by the interval of time which elapses between each paroxysm. The first is the quotidian type and in this the paroxysms occur every day. The third being an interval of 48 h[illegible]

[illegible]

[illegible] the [illegible]

[illegible] are [illegible]

occur every [illegible] day. The [illegible]

an interval of [illegible] days

[illegible] [illegible] is [illegible]

[illegible] are [illegible]

[illegible] occurs every [illegible] days

[illegible] an interval of [illegible] days

or [illegible] hours between each [illegible]

These are the regular types and

are most common and [illegible]

Other types however are not [illegible]

but they are without doubt merely

modifications of those already [illegible]

[illegible]. Of these there is no doubt

quotidian, in which two paroxysms occur daily; the one more severe in character occurs in or a [illegible] in the forenoon, the other less severe in the afternoon or evening. So there is the double tertian, in which a paroxysm occurs every day but it differs from the quotidian, that in paroxysms resembling each other in severity occur at intervals of 48 hours, those in between being less severe in character. There is also a form of intermittent fever met with in which the paroxysm occurs on the first day, then being an interval of 2 days intervening before paroxysm. Out of all the forms

the most frequent [illegible]
the quotidian fever [illegible]
In the quotidian type the fever
[illegible] occurs [illegible]
the tertian type at [illegible]
[illegible] and in the quartan [illegible]
[illegible] or [illegible]. Inoculation of these parasites shows that the life of the [illegible] form of the quotidian [illegible] lasts from 8 to 10 hours, that of the tertian from 48, and that of the quartan from 1 to 6. As [illegible] there are [illegible] exceptions to the above but if the disease were allowed to run its course without treatment it is a question of

there would be.

Focus. This is composed of three stages on the cole leaf & [illegible] which is a good thing to easily distinguish from [illegible] Jam on bran tangos & [illegible] of [illegible] on the cole stage

Cole stage. When we pass into this stage the first [illegible] of [illegible] of colours along [illegible] from this [illegible] & the [illegible] and [illegible] other are [illegible] & [illegible] of colours that are [illegible] by the [illegible] and [illegible] of [illegible] in appearance the [illegible] of [illegible] & the [illegible] become blue, [illegible] [illegible] clatter may although & be anything

in attended with headache and
one chill after another [illegible]
entire body aches and the feet [illegible]
to so that the [illegible]
for some distance. [illegible]
it made from the [illegible]
temperature on the surface of tongue
back of the thermometer be more than
under the tongue it will generally
[illegible] 104°-5° or. Respiration is more
as is also the pulse but the patient
always remains perfectly [illegible]
until near [illegible] a frequent desire to
empty the bladder & the urine in
this stage is increased in amount &
darker than is normally so. The
length of time these symptoms last

Defined when the symptoms of the
first usual duration of from 6 to
8 hours. Or before the cold stage
have a premonitory chill, then
feel cold but not shivering
but gradually increasing
shaking, burning heat & bad
headache with this commencement of chilliness
the patient may have flashes of heat
in his extremities alternating with
chilly sensations or instead of the
flashes, a sense of warmth and gradu-
ally steal over the patient and thus
establish the hot stage.
Hot stage. The body and feels hot, the
skin becomes red, the blood rushes
from the central organs of the body

[illegible] the surface [illegible] [illegible]
[illegible] & [illegible] [illegible] [illegible]
[illegible]. The temperature [illegible] [illegible]
a fact which can easily be [illegible]
as [illegible] [illegible] [illegible] [illegible] any
[illegible] of the trade. If the thermometer
be [illegible] & [illegible], it [illegible] a [illegible]
high degree of fever — moment of
pass 101 - 102° Far. [illegible] [illegible] [illegible]
and limbs now disappears and the
[illegible] is intensified and [illegible]
is felt with equal heat of the
trunk. The pulse becomes [illegible] and
rapid. There is great thirst. The tongue
is hot with a feeling of [illegible]
about it. Patient hears noises in the
ears, feels a sense of nausea on

attributing to use. It is that are not altogether clear & that may be restlessness and delirium. There is always great restlessness & patient tossing from one side of bed to the other, mouth is dry. Constipation may exist and the urine is always diminished and commonly high colored & scanty. These are the principal symptoms. When they have continued for a variable length of time usually from ½ to 3 hrs, though they may last as long as 10 the febrating stage is established.

Febrating stage. The first indication of this is the appearance of rashes on face and hands. It is present to a greater extent in adults & children.

The one the last three & [illegible]
is gradually diffused all over the
body. The temperature rises [illegible]
the face is [illegible]
and becomes natural in [illegible]
fresh action is [illegible]
frequency and in fever and the [illegible]
does seem to stand out and [illegible]
The general feeling of comfort is [illegible]
increased and the patient [illegible]
his high state of fever gradually
falls asleep & remains for [illegible]
hours & awakens with a great
exhaustion.

Internal — I mean that [illegible] the
heart if he has only [illegible] a bad [illegible]
you will not [illegible] & will not [illegible]

but if the disease continues one is so
frequent frequent paroxysms will be
it will begin to be irritable and
all the symptoms of malarial fever
will be manifested. It becomes, as a
rule, assumes a paroxysmal
character. The spleen and liver become
enlarged and the tissues flaccid.
This condition may not be brought about
for a long time and yet in the
interval no one can say that the
patient was perfectly well. Sooner
or later however it is sure to
set up. In the outset hope
there is usually manifested but fa
tal, a slight rise in temperature
may to 101° or 102 development

of that [illegible] - [illegible] [illegible] [illegible] of anything [illegible]. [illegible] will have a [illegible] [illegible] [illegible] will not be disposed to make any [illegible] of any [illegible] either mentally or physically - The [illegible] begins [illegible] in the morning and by noon has reached its height - From this time it gradually subsides & by evening the temperature becomes perfectly normal.

Next day there will be another rise of temperature but now the [illegible] does not begin until later in the day, not until after midday and for hours not until evening - [illegible]

[illegible]

[illegible] the malady

[illegible]

the most [illegible]

[illegible]

[illegible] cause. [illegible]

[illegible] at irregular days, [illegible]

[illegible] irregular intervals. [illegible]

also most [illegible] deviations from the

[illegible]

[illegible] varying from 1 mm to half an inch [illegible]

[illegible]

The circle has been assumed a [illegible]

coast. It is cross and fretted. Within [illegible]

from gastric and intestinal [illegible]

[illegible] not unlike those [illegible]

into Resultant Fund.

[illegible] intervals [illegible] This is [illegible]

intermediate in [illegible] and difficult,

[illegible]

it is liable to be confounded in transition

from [illegible] gastrula. From resultant the

readily distinguished by the fact that

[illegible]

[illegible] indeterminate whenever intermittent but there always is. I cannot comprehend how the thermometer has so erroneous a character which it is now have it that we [illegible] Fahrenheit point of distinct [illegible] that is [illegible] [illegible] [illegible]

that in this affection we have the most of patient's complaint. In this affection also we have the characteristic wheeze of breath and in it the [illegible] is out of proportion to the other stages.

Prognosis - Good in simple intermittent. That if the attack has lasted for some [illegible] or if it is a relapse, [illegible] have been set up, the prognosis is not good, we would not have a plunge bath and hard to deal with as a rule. In bad cases however still it is treatment.

Treatment - Treatment has been divided into two heads: That in paroxysm: That for the intermission. That in the paroxysm consists in the means to soothe the patient as comfortable as possible. Some

[illegible] of doing [illegible] [illegible] but would have [illegible] [illegible].

It must be stated said however that nothing acts so well here as opium. [illegible] to prevent the full development of a paroxysm it is this agent. Given hypodermically early in the cold stage [illegible]

[illegible]

[illegible] accomplish the desired result. I am [illegible] as to the way in which it should be given. But I think [illegible] to treat a case like the first [illegible] as [illegible] that [illegible] we should treat [illegible] [illegible] quinine [illegible] at one hundred & thirty [illegible] is [illegible] [illegible] stage a dose of 10 grains should be given and two hours before the time [illegible] the next hundred grains [illegible] time is possible. [illegible]

[illegible]

carefully examined in

[illegible] intermittent [illegible]

ing such for instance as water brash

cocoaster. Have been given that these

[illegible]

is indicated as the antiperiodic power the

quinine is increased by this agent and in

successive doses of the cocoaster equal

[illegible]

about the antiperiodic power of the quinine

[illegible]

that by a nervous tr[illegible]

[illegible] in female intermittent
fever, but in the chronic forms it is not
[illegible]
exerted a marked antiperiodic action in the
hands of Prof. Atkinson in
experiments at Saugeen since at the
[illegible]
agent is true of the last drug to
in is the Tincture of the Chloride of Iron
[illegible]
sometimes act antiperiodically
[illegible]

Solar Immunity

[illegible] sometimes [illegible]

The disease is [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]
tions but i[illegible]
[illegible] known to [illegible]
[illegible] with
tions It differs in
[illegible]
[illegible]
[illegible]
[illegible] cold [illegible]
that cold [illegible]
[illegible]
[illegible]
whether it [illegible]
[illegible]
[illegible]
[illegible]

[illegible]

4

the tumors bloody [illegible]
[illegible]

woollen condition of [illegible]
[illegible]
spaces. [illegible]
[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

squeezes, and pinches in
[illegible] beginning in
[illegible] this [illegible]
[illegible]
[illegible] most clear at
[illegible] time present
[illegible] sponge b
[illegible] the
[illegible] giving and
[illegible]
[illegible]
Que. Thi
[illegible] 22, and
may be [illegible] unoca
[illegible]
Evitably [illegible] Immun

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
the right side, [illegible]
[illegible] vegus [illegible]
the lungs there were [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
pleurisy. It is [illegible]
at the [illegible] o'clock the
[illegible]

the sound divided in two

southern

ing with bone" by
the modification of the

[illegible]

[illegible]

[illegible]

B

Aie

not more than twenty-five to ten
percent of all cases [illegible]
[illegible]
[illegible]
[

[illegible]

By C. Morgan

Tassah -

[illegible]

[illegible]

[illegible]

Water. Aqua.

The use of water in the preservation of health & the treatment of disease is a subject of great importance to every practitioner & the value of pure drinking water is a matter which should never be disregarded either in public or in private. To obtain this indispensable element in a state of absolute purity is impossible, but to obtain it in a state of sufficient purity, as not to introduce into the body such foreign substances, in the way of soluble & insoluble organic matters, from which the gravest diseases are most liable to arise; is a subject that at present is receiving when such universal attention through our sanitary associations.

Water is the most essential element to life, for it not only regulates the body heat & carries off effete matters; but it is necessary that every part of the animal economy should have a certain amount of it. Man has been known to live for several weeks or more without food but this when entirely deprived of it in [illegible] days. I have said that impure drinking water can cause the gravest diseases; And this is true, for to the educated mind there can arise no doubt of the frequent occurrence of Typhoid Fever which is propagated through the drinking water coming from a typhoid locality. [illegible]

It is such difficult to understand, how
its admirers with drawing water
This plan by means of some lock
with a valve or Spring, this gives rise
to a series undoubtedly a spirituous
or liquid pump. This work is demonstrated
conclusively, for when pump water is used
in its third, the ranges of the pump are
intentionally circumscribed in of it first do-
lt of Sullivan and in his correspondence
matter gives an example of this
It therefore was obtained with a hand
pump in a made to draw water
and knowing what pump the pump
will excepts one quantity: also, should
water pump a schemetic and this series
but the will in question contained
the pump gurgles, which undoubtedly
was in: in fact the mistakenly

[illegible] divide in [illegible] first [illegible]
[illegible] [illegible] depend. [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible] is, in [illegible]
general [illegible]. The [illegible]
of it is [illegible] [illegible] on the [illegible]
[illegible] [illegible]. Chlorine [illegible] [illegible]
[illegible] [illegible] & [illegible]. [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible] in general [illegible]
many [illegible] a decided [illegible] you in
the [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] of [illegible] in the [illegible]
of [illegible]. For the constitution, per-
haps [illegible] [illegible] [illegible] [illegible] a [illegible]
[illegible] a [illegible] [illegible], [illegible] [illegible]
[illegible] making it [illegible], or depressing
it of its [illegible]. For [illegible] [illegible]
[illegible] [illegible], this or a certain [illegible]
of [illegible] is [illegible] in health; [illegible]
[illegible] [illegible] in [illegible] [illegible] at the
present day [illegible] of [illegible] [illegible]
[illegible] [illegible] physicians [illegible] that [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
in [illegible] quantity. [illegible] [illegible]
[illegible] the [illegible] of the patient is the
[illegible] only indication for the [illegible]
of [illegible] that should be [illegible]

[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible] = [illegible] is also an

[illegible] or [illegible] [illegible] [illegible]

[illegible] a special in [illegible] [illegible]

[illegible] [illegible], [illegible] [illegible]

[illegible] [illegible]. The cold [illegible] [illegible]

[illegible] it [illegible] some time. It consists

in having cold water on the body. The

patient should be placed in a warm

bath. It should be [illegible] applied as

the [illegible] [illegible] [illegible] [illegible]

can be [illegible]. It [illegible] a [illegible]

[illegible] but patients complaining of cold

[illegible] [illegible] the [illegible] [illegible]

[illegible] [illegible] a [illegible] to [illegible]. Then

he should be wiped dry, placed in bed

[illegible] with blankets; a [illegible] [illegible]

to a certain extent to aid in the [illegible]

[illegible] perspiration: the morning

being generally the best time [illegible] [illegible]

[illegible] the [illegible]. This is
[illegible] a very [illegible] of
[illegible] & can [illegible] be [illegible]
in [illegible] [illegible].

The Cold Bath is employed [illegible]
[illegible] & should be [illegible].
The proper method of administering
it is to place the patient into a bath
the temp. of the air & produce cold
by [illegible] [illegible] of ice until
65° or from 40° to [illegible] [illegible]
or the [illegible] which [illegible] the temp.
of the patient, the [illegible] must stand in
the water, [illegible] & [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible]

[illegible] of [illegible] time, [illegible] [illegible]
[illegible] is [illegible] in [illegible] [illegible]
of the [illegible] & the [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible] seems a matter of
quite [illegible] importance in [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible] with cold water, then [illegible] a [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]. After remaining [illegible] for a quarter or a half an hour the potatoes should be wiped dry, stood in a warm oven [illegible]. [illegible] more especially as upon the excess of time, [illegible]. If the idea were [illegible] but should be [illegible] [illegible] [illegible] [illegible] [illegible]

the application of cold to the [illegible]
[illegible] the [illegible] is [illegible]
[illegible] is [illegible] [illegible] [illegible]
[illegible] the application [illegible] [illegible]
[illegible] a [illegible] [illegible]. The
same system [illegible] quite plain if we
[illegible] a line a proportion of the water
being made a [illegible] [illegible]
[illegible] [illegible].

[illegible] a high degree of rotness of the
[illegible] when the [illegible] of the
circulation is so reduced [illegible] the
rotness is [illegible], [illegible] the [illegible] is [illegible]
[illegible]. When there is no [illegible] [illegible]
the cooling of the [illegible] will be [illegible]
[illegible] [illegible]. The same [illegible] is
[illegible] [illegible] [illegible] in the [illegible], [illegible]
[illegible] we should [illegible] [illegible] [illegible] cold [illegible]
[illegible] the [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible]:

[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible] would this is not an [illegible]
a short [illegible] upon [illegible] [illegible]
[illegible] of the [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible]

method" we should always demand
evidence showing the existence of the
organism from which a secretion
or excretion was obtained, and the
fact that the secretion was
being [illegible], but of the fact that
the circulation which should
be applied to the body was in
a state of some time in health
[illegible]. Instead of demanding from
some people, we find a [illegible]
but some physiologists have
been wise in this direction, so that we
have the opinion more only concerned
in giving a name to any kind of [illegible]
which the existence of the [illegible]
to make applied a definite [illegible]
opinion. On [illegible] examination, if
the [illegible] of man is so [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] a [illegible] useful in [illegible]; its
[illegible] in [illegible] [illegible] of
[illegible] Mills. He can also be applied
[illegible] [illegible] in [illegible] & [illegible]
on the [illegible] of [illegible] [illegible]
[illegible] [illegible] [illegible] & [illegible]
[illegible], [illegible] to the [illegible] in
[illegible] of [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible]

[illegible]

[illegible] of [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible]

[illegible] is [illegible]
[illegible] on the [illegible]. Sometimes the
hot douche being more [illegible].
Chronic Varicosis [illegible]
[illegible] in this [illegible] [illegible]
the [illegible], for which a large quantity
of [illegible] [illegible] are
necessary. [illegible] dressings in [illegible]
cases. Springs are highly recommended
[illegible] [illegible]. It was [illegible] as [illegible]
on the [illegible] [illegible] [illegible] [illegible]
[illegible] the [illegible] [illegible] in the
dressing process [illegible] [illegible] at one time.
He says the use of [illegible] in [illegible]
is [illegible] by [illegible] [illegible] the [illegible]
[illegible] [illegible] in [illegible] has
[illegible] [illegible] [illegible] [illegible]
[illegible] is [illegible] [illegible]. Gangrene
has [illegible] [illegible] [illegible] [illegible]

[illegible] is [illegible] in [illegible] [illegible] [illegible]
[illegible] if I am [illegible] [illegible] [illegible]
[illegible] its [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible]

[illegible] [illegible], [illegible] in [illegible] [illegible]
[illegible] [illegible] [illegible], [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

Epilepsy—

This is a subject which has for many years attracted the attention of the medical profession. And although much has been learned of its nature and etiology, there still remains many of its phenomena veiled in obscurity and uncertainty. Epilepsy, although only a symptom of a morbid condition must at present be considered as a disease, for the reason that we are unable to point with certainty to its exact seat or the nature of the lesion which exists.

It is a subject full of interest and one that should be thoroughly studied by the profession.

I believe if it were better

understood many a poor human would be relieved of a heavy burden both physically and mentally.
Epilepsy is a chronic nervous affection. The nervous are characterized by loss of consciousness and in the more severe cases by various convulsive movements.
Epileptic attacks in which convulsive movements are slight or wanting are called "petit mal."
Those accompanied by general convulsions constitute that form known as "grand mal."
The essential element of an epileptic attack is the loss of consciousness. Without that there is no true well formed epileptic paroxysm.

Symptoms— Although in many cases there is no premonitory sign, it often happens that there is some indication of a coming attack— These warnings, as it were are called aura epilepsica. They are peculiar to almost each individual. Scarcely two persons being affected exactly alike—

Some describe it as a cold vapour emanating from some part of the body and passing up to the brain— In others it consists of color visions or hallucinations of sight—

The onset of a paroxysme is often marked by a loud short thrilling cry—which from its intensity and unnatural character is truly terrific— Mr Cheyne says that upon

one occasion a parrot himself no mean performer in discords dropt from his perch seemingly freightened to death by the appalling sound. The suddenness of the attack is remarkable in an instant when the patient is in apparently good health the change takes place; and the unfortunate sufferer is stretched foaming struggling and insensible on the earth. These severe paroxysms do not usually last more than a few seconds or minutes.

The auras are not present by any means in all cases. Dilnow one in two hundred and one case found the paroxysms wanting in one hundred. Between the two extremes, actual

and grand mal there are many links of gradation. If the patient be walking on the street he may for an instant lose himself, but continues to walk and does not even stagger. Even in these mild forms the patient is unconscious for after recovery he has no recollection whatever of what has occurred. The tongue is often lacerated and bloody froth escapes from the mouth.

The pupils are almost invariably dilated. The circulation is sluggish, the extremities are cold and the capillaries inactive.

In the interval between the paroxysms epileptics often show certain evidences of disorder mental stu-

sonal and motor functions. There
are many exceptions to this rule,
for where there has been many
attacks the mind often retains its normal
integrity. Reynolds remarks in
regard to this point: a patient may
be an epileptic and a fool, but
there are epileptics whose minds
are as sound as their lungs.
Still it is found that in the ma-
jority of cases the mind sooner or
later becomes involved and it some-
times happens that one attack not
by deteriorates the intellect.
Prof. Hammond insists on the val-
ue of the ophthalmoscope in obtaining
valuable indications for treatment.
By an examination of the fundus
of the eye either cerebral congestion

or anemia can be observed. There is no law that governs the recurrence of the paroxysms. They may recur daily monthly or even years may intervene between two attacks. Generally the intervals become progressively shorter. Mania is sometimes a concomitant of epilepsy it may be of a violent character during which the patient often commits acts of violence either to himself or to those about him.

The paroxysms seldom occur during the course of an acute disease. Thus if an epileptic has typhoid fever the paroxysms are suspended until the fever abates.

Here we see the conservative workings of nature, for it would

we truly distressing were he subject to both at the same time.

Etiology— among the predisposing causes hereditary tendency stands first. But in a large majority of cases this is not present. Reynolds says that in about one third of his cases hereditary taint existed. Dr Hammond has record of three hundred and ninety six cases. Of these sixty four had epileptic fathers mothers or some other near relation. Sex does not seem to afford any appreciable cause. Age has a very decided influence. From the tables formulated by Drs Reynolds and Hammond it is seen that the period of life between ten and twenty years of age is that

at which epilepsy usually occurs.
Impairment seems to have something
to do with the causation of epilepsy.
Those who are habituated to the
use of alcohol often suffer from
these "spells" which do not occur
when they abstain from its use.
In many cases psychical influences
are the exciting causes such as grief,
fear, anger. Venereal and sexual ex-
cesses are often prolific sources of
epileptic paroxysms.
And again in many instances
nothing either centric or excentric
can be found to account for the
suddenness of the attack.
Morbid Anatomy. Post mortem ex-
aminations of persons dying epileptics
reveals morbid changes in almost

in the fourth ventricle, penetrating into the medulla sometimes to a considerable depth". Perhaps these changes were the result and not the cause of the disease but it goes to show that the medulla is the seat of most of the morbid changes.
Other observers have not found these conditions so prominent.
Pathology — Prof. Hiles is of the opinion that it consists of an anemic condition of the brain. It seems to me this must be correct from the fact that nitrite of amyl is often efficacious in warding off attacks since this acts by stimulating the heart and causing dilatation of the arterioles.
Dr Jewell, of Chicago thinks that the phenomena of an attack are due

in the first instant to spasm of the cerebral vessels in which anaemia is produced and then the relaxation of the spasm causes convulsion of the voluntary muscles.
Reynolds shows that the arrest of respiration causes the convulsions.
Brown Séquard has shown that the starting point is often in the sympathetic nerve — the nerve by which the calibre of the blood vessels is regulated. An epileptic paroxysm is considered as a sudden excessive and rapid discharge of grey matter of some part of the brain.
Hence such exciting causes as fright, anger &c. only act as a match to set the explosive material into action. The shock cannot therefore

be the primary cause if so the effect should cease with the cessation of the cause. But clinical observation finds this not to be the case.

Diagnosis— The diagnosis of epilepsy offers little difficulty to the careful observer. Hystero-epilepsy and feigned epilepsy may be mistaken for the real disease.

By careful attention to several points the diagnosis can be made. The total loss of consciousness which occurs in epilepsy is not present in hysteria. In epilepsy there is no alternations of laughter and tears. Hysterical patients contrive to avoid hurting themselves by their contortions; they do not bite their tongue nor

foam at the mouth. The respirations are rapid and sobbing. The pupils are not dilated. The epileptic becomes insensible regardless of time and place. He falls in the fire or a hot stove or against any thing that happens to be in his way. Not so with an hysterical patient; she usually falls in a soft place.

Of the feigned diseases epilepsy is one of the most common. Cases of simulated epilepsy often occur on our streets among impostors who think to excite pecuniary charity from the public. The impostor chooses such situations as are most suitable to his own purposes. True epileptics often seriously hurt by their falls; feigned ones usually come off

without much bodily damage.
An impostor generally overdoes the
mark in every respect: in real
epilepsy the pupils are dilated and
do not contract when exposed to
light. This is a diagnostic point,
for no vagabond can prevent his
iris from contracting when exposed
to strong light.
The skin of an epileptic is cold,
that of an impostor is hot. A pretender will not bite his tongue
as epileptics do. Epileptics during
a fit are quite insensible to exter-
nal impressions; and hence the popular
modes of detection such as dropping
hot sealing wax on him, blowing
gin into his eyes, or burning him
with a red hot poker.

if we speak of having recourse to some of these painful tests in the hearing of the patient - the fit will very often soon come to an end - Bearing these points in mind it will seldom be difficult to make a diagnosis -

Prognosis - Epilepsy is one of those diseases concerning the issue of which the patient - and still more the patients friends are sure to make repeated and anxious inquiries - It is seldom that we can with confidence pronounce a favourable prognosis - Recent cases may be cured but those that have lasted for several years are seldom brought to a favourable termination.

A paroxysm of epilepsy ~~rarely~~ ends

fatally. Some form of mental weakness is apt to come on sooner or later. Complete mental alienation does not often occur.

Treatment = Drugs in countless numbers have been used in the treatment of epilepsy. Of these the bromides stand preeminent and should be first thoroughly tried. The bromides of potassium, sodium and calcium may be used. The dose in ordinary cases and in the beginning of the treatment is fifteen grains three times a day in solution. The bromides if successful must be taken constantly and for a long time.

The bromic cachexia which sometimes follows the administration of large doses is favourable to the eradication

of the epileptic tendency Gerlin has called attention to the salts of zinc in the treatment of epilepsy. The bromide is useful in many cases. It is best given in the form of a syrup: ℞. Zinci bromidi ʒi. syrupus simplicis ℥i. which may be given in doses of ten drops increased to thirty or more three times a day. A few drops of Fowlers solution of arsenic given with the bromides obviates the tendency to cutaneous eruptions.

Strychnia is a remedy of considerable reputation. The nitrite of amyl is beneficial in arresting seizures. Five or ten drops may be inhaled.

The patient may supply himself with glass needs containing the proper amount

In injuries of the skull trephining may be of great service.
The hygienic part of the treatment is important. The patient should have plenty of fresh air. exercise should be regular but not excessive.
The mind must not be disturbed by harassing cares, nor the emotions unduly excited.

Respectfully submitted
A. M. Taylor

February 1887

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[illegible]

by

William C. Thomas

[illegible]

Puerperal Septicæmia.

The subject relating to the science of Obstetrics has given rise to greater discussion, or perhaps greater differences of opinion, than the title of this paper.

Although its etiology, its relation to the affections, as diphtheria, Erysipelas, Scarlatina, and the zymotic diseases generally, have been diligently taken up by authors, there remains even at the present day unsettled, many knotty questions therewith.

Nevertheless, one great truth has upon have been in considering septicæmia as a disease peculiar to the puerperal state; for Prof. F. Mende considers, that in a majority

of cases, puerperal fever is purely septicæmia due to absorption of putrescent matter from the genital tract. This he does not however, consider to be the cause in all cases; believing that it may be a disease of itself; he having seen cases in which there was no evidence of septic absorption.

Formerly, and according to Hippocrates, Galen, Smellie and others, the doctrine that suppression of the lochia was the source of infection, was generally accepted as true. Later, Pluzos taught that milk circulating in the blood normally attracted to the uterus during pregnancy, may form milk metastases in other parts, and produce the symptoms of [illegible]

intermittent fever. In supporting this theory, M. de Fressoin, Cul de Villain and Fontaine State, that upon opening the abdomen of women dying during an epidemic which raged with violence that year, [1746] clotted milk was found adherent to the intestines. In 1801, by the startling discovery of the true nature of the effusions by Bichat, and also, that they occurred in men and non-puerperal women, this theory was found to be unfounded.

Hardyen Barker in his work on the "Puerperal Diseases", endeavors to show a septic zymotic poison peculiar to the puerperal state. He considers it of unknown origin, having no close analogies to typhus and

typhus, but exhibiting at times inflammation to a considerable extent, with the absence of some of the characteristic lesions of so-called puerperal fever.

The following cases have not yet succeeded in confirming the minority opinion that such is the true theory. The absence of local secondary phenomena goes far to dispute this doctrine. Again, cases of contagious infection, as from the contents of bilious pseudomata, membranous &c. have yet to be explained, placing them under a separate category.

Dr James Y. Simpson in 1850, by the publication of a paper, succeeded in confirming the profession of the analogy existing between puerperal and surgical fever. Prior to this discovery, Semmelweis of the lying-

-in hospital at Vienna, asserted that "puerperal patients were chiefly attacked by puerperal fever when they have been visited by the physicians who have just from contact with the persons in question by cadaveric decay," and not dependent upon the fact of the patient having been from some inflammatory disease. This did not induce him however, to abandon his views upon the subject. He believed first, the seeds of infection to arise from the dead body without regard to the nature of the malady proceeding from non-puerperal as well as puerperal causes, and secondly, from chronic patients infected with some disease giving rise to putrefaction of animal tissue; sponges, instruments, the hands, soiled clothing, &c.

atmosphere &c. he considers as causes of infection.

The division of the great being proposed, he treats by placing all causes of infection, that is by retained placenta, &c. of the first &c. under the head of Autogenetic, which those from which the division has arisen from without, as heterogenetic.

The puerperal state should naturally be the characteristic of healthy function; during which division should not occur. But, when we pause and consider the changes produced in the various organs by the process of gestation, not only in the quantity of parts which are deep seated, but sufficient to bring on the natural functions, characterized as it is by torsion, rupturing &c.

beginning from the escape of the ovule from the Graafian follicle, to the training [illegible] of the placenta, with the injection of many vessels, we cannot fail to see how prone lying-in women are to disease. But, does this local alteration compute all? Nay, for Jancin reminds us that "Science receives day by day new facts which lead us to conclude, that, in the pregnant woman there is not a single fibre, or a single drop of fluid which does not undergo some modification".

The body modified as it is by the presence of constitution and nutrition of the fetus, becomes charged with an excess of fibrine; a diminution in the proportion of red corpuscles, with an [illegible]

white corpuscles; and hence the spleen. These alterations are found prominent at the time of labor; should therefore the large proportion of cases of dysteria be a matter of surprise?

These blood changes, acting on they are upon the body at large, produce immediately a weakening and lowering of the vitality.

Such then is the condition of the woman at the close of gestation, produced as it is by blood dyscrasia, and fully prepared to be for infection.

At the end of the second day, the debris from the disintegrated uterus is rapidly becoming absorbed, and should be rapidly removed. But should the liver and lymphatic system fail to control these morbid additions to the body, these morbid waste stuffs

become uremic. Should these chemical products be accomplished however, and these morbid stuffs be not excreted *per viam naturae*, they must undoubtedly be retained, giving rise to toxaemia.

We can therefore see how important it is to accomplish a healthy and active action of the lungs, kidneys and skin: the baneful results of non-consumption and non excretion may ensue, giving rise to a purely endogenetic toxaemia.

But are these all the morbid influences that act themselves upon the pregnant woman? I think not.

Mr. Miller in a work on "puerperal auto-toxaemia" states the following:

1st. That part of the azotized nitrogen contained in the intestines is subjected to

conditions identical with those of those the
composition outside the organism, viz.:
that the products of these fermentations are
found in the stools.
2nd That these products pass into the blood,
at least in part; that they are secreted
quickly separated by the kidneys, and that
their proportions in the urine may furnish
useful information as to the seat of the
intestinal putrefaction.
3rd That all the products which have entered
do not reach the kidneys, and that certain
organs are normally charged with the duty
of destroying the most hurtful.
4th That under certain circumstances
these injurious products are formed or
absorbed in too large quantity, and that

destroyed or eliminated in sufficient quantity, and may entail more or less serious disturbances to the health.

Then we see the retention of faecal gases to toxic effects, due to the presence of phenol, which, according to Salkowski, has the most injurious effects upon the system.

Now, we are well aware, that during parturition constipation is a most troublesome symptom. This alone, would cause no serious effects, provided the liver and lymphatic systems are perfect, and able to combat with them. But generally they are not. This does not show itself as much in the early months, but does at the close of pregnancy, at which time constipation is a marked symptom,

together with an imperfect antiseptic secretion from the lacerated surface of parts of other organs. This latter, slight component of the compound toxemia is soon harmless, done away with by the administration of a purge on the second or third day, can rise to the without the action of other agents.

The common cause of auto-infection however, besides the decomposition or putrefaction of foreign substances such as portions of placenta, membranes, fetal lochia.

Widespread, and more difficult to reconcile with theory, are the sources of heterogenetic infection.

Under this from he may arise some

refer to Cadaveric poisoning, as being
foremost in our minds. Semmelweis
showed, that in the Lying-in hospital at
Vienna, attended by physicians who frequently
the dissecting rooms and post-mortem,
that the mortality from puerperal was 1
in 10, while in the department in
the Sale Centrale of women, the mortality
was never higher than 1 in 34. Means
of disinfection being employed, the in the
rate of the former at once fell to the latter.
Many cases might be adduced to confirm
the rule. Thus, Murchison relates the occur-
-rence of a gentleman who had a rapid
succession of 5 or 6 cases of Malaria, at a
time when other practitioners in the same
locality were entirely free from it.

Simpson, who at this time did not believe in its contagious principle, attended the dissection unstrapped (read the Position of the Cadaver. The next 4 Cases of Dr. Simpson were attended with puerperal fever.

On the other hand, contrary results may also be detailed: thus, Samuel B. Wright, Professor, demonstrator of the Human Anatomy, says: "While I was daily in the dissecting room during the Winter Sessions of the School from 1868-1872, I attended 12 Cases of confinement, of which I have notes, none of the patients recovered, nor did any of them suffer from any complaint that could be traced to infection."

As another frequent source of heterogenic infection, may be mentioned puerperal fever

therefore, Erysipelas &c.

In view of the close relationship existing between Puerperal Fever and Erysipelas, it is not surprising to discover a similarity between Puerperal Fever & Erysipelas and puerperal septicaemia. By artificial feeding we are able to demonstrate Erysipelas, also a sense of infection for Metria, a condition in which the virus of a septic cancer patient differs from Erysipelas, having been inoculated from the Metritis by a slight alteration produced by the process of distillation. Many other strong positive proofs could be stated that are limited in scope of further amplification.

The relationship between the septic diseases and Metria has yet to be

fully & clearly demonstrated by me if it can be received universally. Thus, Dr. J. P. Atkinson thinks, that the number of puerperal cases seen by these physicians seems to prove a relationship between scarlatina and puerperal fever, etc. to prove that it has been clearly demonstrated on the one hand, in which the parturient woman has been the subject of scarlatina, without any symptoms of puerperal septicaemia manifesting itself; while on the other hand, cases in which the pregnant woman has, without having been confined in the same house with scarlatina, but in the same town, begun (before she has been by a nurse friend) a patient was attended by a physician who had just returned from a case of scarlatina

the result of a good confinement, and no harm resulting to the patient. Still another startling case he reports as follows:
"a medical friend attended three cases of confinement when his hands were properly protecting from scarlatina, in 1858 [illegible] them was in complete ignorance of it. In the [illegible] Braxton Hicks reports, "68 cases of puerperal fever, 37 of which were traced to the scarlatina poison, and in 17, in the lying, clearly proved upon the contagium of scarlet fever. Of most of the cases symptoms, and some not to be distinguished from ordinary typical cases of the so-called puerperal fever."
Upon this Dr. Gibbs Robinson thus comments: "It has been the fashion to say

that scarlatina in a puerpera, is scarlatina and nothing more. It is nothing more. The scarlatina poison sucked in the puerperal blood loaded with septic stuff which it cannot excrete, a medium especially favorable to the development of mischief. If then poison enters the puerperal blood its elimination is arrested; the morbid taint is fixed; we have developed a form of septicemia complicated by the antagonistic poison pertaining exclusively of the scarlatina poison. This is very different from simple scarlatina. In these cases the characteristic rash cannot appear. It may be doubted whether the typhoid poison always gives rise to the successive stages of typhus.

-acteristic of the Uniqlee scarlatina. The poison works in a specially peculiar and specific manner. It throws out of order the pneumogastric process. It causes or prevents the chylopoietic process, the due absorption by the lymphatics, the healthy action of the lymphatic glands, and the excreting function of the liver, skin and kidneys. There is yet a complex poison which cannot be called septicaemia, pyaemia or scarlatina, but a compound of all, and so proof of some hitherto unknown poison, the product of their interactions."

But, does not the presence of the specific poison Carry, upon its mode of introduction? For if absorbed by the skin or by the lungs

may it be fair to suppose that the virus, in course and severity would be much less than had it been directly inoculated into the system by the genital tract.

Playfair holds, that by the latter mode of infection the secondary symptoms are lost, because of its septic action.

Is it then surprising that cases of puerperal septicaemia are so frequent? When we consider the facilities for the innocuous tract open, ready and willing to receive any form of septic matter brought hither by the atmosphere, the hands of physicians, or nurses not properly disinfected; sponge-holders, soiled clothing, bed-clothes &c. We do not all surprise, & wonder that more cases are not developed.

According to Shook, a careful review of the records of the Health Department of New York City from 1868 to 1878, showed out of 248.533 deaths, 3.342 cases were from this cause complicating pregnancy; more than two-thirds being due to malaria. Since we have good reason to suppose that a fair proportion of these cases comprised those unvaccinated by hygienic influences, cases in which before the period of gestation had begun, the general system was in a wretched condition; all such facts, we must remember, keep in accepting statistics. But, to bring us back to the subject of late years, which, if we had, no doubt would show a marked diminution in the mortality

is to be regarded as antiseptic precautions were taken. Let us glance merely at the course or channel, through which infection is carried. The vaginal mucous membrane lacerated, as it often is, during the process of parturition, together with the pelvic cellular tissue, the gaping uterine sinuses, which are continuous with their uterine prolongations, the pelvic viscera, and the peritoneum covering the head lying in close relation with the uterine mucous membrane, producing a separation of it from the underlying tissue to a certain extent, which gives rise to a tearing of the connecting vessels, and hence the secondary hemorrhage. On examination about the cervix uterine and vagina, all the same pelvic, [illegible]

(Barnes) from these various sources the (bacteria) may pass into the lymphatic tubes, producing salpingitis or oophoritis; and from further progress cellulitis, pelvic abscess and peritonitis. When pelvic venous sinuses, it reaches the pelvic organs with a result of phlebitis, inflammation of the joints, meningitis, &c. But, should the blood become overtaken by the lymphatic glands, the poison may become so attenuated as to produce no injurious effects, but if the hemorrhage, should the quantity be too large, it may drop on to the thoracic duct, and thence to the general circulation which must kill, in the most positive harmful results.

At times we see cases in which the

lochial discharges are extremely offensive and still no injurious effects follow. How are we to explain this? Only by the fact, that possibly the lochia contain many the bacteria which produce fatality; or that the excoriations of the genital tract have healed, thus preventing any injury; for the lymph absorption must follow very soon after labor, these channels being closed 3 or 4 days subsequent to delivery, that is after the lymph receptacles have been closed.

The next point is the becoming tract consideration of a portion of our subject of paramount importance.

The constant presence of bacteria in infected wounds, and their [illegible]

in the so-called puerperal fever has given
far to determine the similarity between
septic fever and puerperal septicæmia.
In large quantity of putrid material
if injected into the blood, quickly pro-
-duces septic intoxication. This effect
is nevertheless produced by the presence of
bacteria, as the following experiment of
Koch will show. This observer injected
into drops of putrid blood into
the skin of mice with the result of death
in from 4 to 8 hours. These microscopic
bacteria seem to be very difficult
to distinguish in puerperal fever, and
especially after a chill; the thing we
are not certain of, namely, whether they
act mechanically, or produce a poison

Waldeyer & others have found in the tissue of the pneumatism, pneumonic nuclei, consisting of pus cells, and chiefly of bacteria. Might this not be the effusion recognized by all observers? According to Koch, we learn that all bacteria do not act in a similar manner; each producing different results, maintaining however a close connection with the limiting diseases, erysipelas, pyæmia and septicæmia fever. Strange as it may seem the bacterium termo, or bacterium commune, which produces mould, a fated order, are in themselves harmless, being inoculated. This may serve to explain the hypothesis above mentioned, that fated bacteria may not

itself, yield their toxins to various tissues.

Bacteria act differently on the blood than bacilli. The former, upon coming in contact with the blood, or conjunctival, causes them to adhere together, forming large clots, and producing a clogging of the capillary circulation. By their action they may enter the serous cavities, producing as before noted, peritonitis, pleurisy, meningitis &c. or according to circumstances, they pass on to the heart, and adhering to the valves of the heart produce the so called endocarditis ulcerosa; puerperal.

The red corpuscles of the blood undergo change of shape, and finally disintegration, caused by the penetrating action of the bacteria.

The bacilli on the other hand act

somewhat difficulty. Here what Professor Hamer "fibrinous hypogelinejine" causes the blood to assume a semi-gelatinous consistency; while the red corpuscles are not diminished in number, though somewhat changed. They produce further, ecchymoses and minute extravasated effusions, and a thickening of the vessel wall.

Having disposed of so important a branch of our subject as the Germ theory, we will now consider the symptoms which characterize the typhoid. Owing to their obscurity this becomes no easy task; for we see that many symptoms occurring in one case may not be found in another. Thus it may be said in chara

-ulcerative of any affection, and thus are not peculiar to Mentia. Thus, the disease may assume the pyaemic form, which may continue several weeks and be characterized by recurrent and violent rigors, followed by elevation & remission of temperature. The skin assumes a yellowish hue. This is but a variety of the affection. Better cases to be considered, first, the general symptoms, which may then be followed by the local characteristics.

The premonitory symptoms usually only slight alteration in color, or chill, sensation, occurring usually in the first three days after delivery; after which may the disease is rare. This is followed

by a rise in the frequency of the pulse, varying from 100 to 140; the thermometer placed in a convenient situation discloses an increase in temperature of 2° or 3°; in severe forms even more. These symptoms are not always pathognomonic of puerperal septicaemia, occurring frequently in the so-called milk-fever.

The disease assuming a more serious character, the pulse becomes in frequency, but decreases in strength & volume, varying from 120 to 140 per minute. Low mutterings delirium at times occurs; but even then the intellect is not in the slightest degree changed. Pain may not be an annoying symptom unless peritonitis sets in. Sometimes from paralysis of the intestines

may be seen, be a most distressing and painful concomitant. Constipation is followed by colliquative diarrhœa and vomiting: the latter often being due to the inflammation extending to the peritoneum, covering the stomach, and consisting of dark coffee ground substances or stercoraceous in character. The tongue also shares a part, becoming moist and at times dark and dry, and covered with sordes; while the breath assumes a stercoral odor, with increased respiration. These symptoms are not seen collectively in all cases. Peritonitis following, the pain, which was at first confined to the sides of the uterus, now spreads over the entire abdomen; he comes more deter-

with a leaden and cadaverous character, causing the face to assume such an appearance that a single glance tells the tale. The dorsal decubitus is maintained, with the legs well flexed upon the thighs. The abdomen is increased in size, mainly by the accumulation of gases. Hypostasis at times causes pain, the liver being pressed by the distended bowels against the diaphragm, and necessarily also upon the lungs. The fever usually is preceded by a chill, the temperature rising to 102° or 104° with a marked increase in the frequency of the heart. Cases ending fatally, the pulse becomes more rapid; sweat appears upon the forehead, the face assumes a [illegible]

and Morbid appearance, the extremities cold, the patient dying in a state of collapse. Should the woman survive, the exudation gather into circumscribed spots at times becoming encysted round the uterus, drawing that organ high up in the pelvis. Should, as is the case sometimes, the intestines become enclosed by the exudation, suppuration may follow into adjacent cavities.

Parametritis and perimetritis are characterized; the former by "tumour, pain, pain upon pressure; gaseous distension of the colon, and exudation between the folds of the broad ligament;" while "sharp pain, high fever and tympanitic distension of the lower ~~bowels~~ abdomen," indicate perimetritis. These two affections usu

occur together owing to the continuity of tissue.

Chilly sensations or a severe chill precede the fever, followed by a rise of temperature to 103° or 105°, which at times may be only slight in the morning, rising in the evening exasperations. Headache and backache are usually severe, with profuse sweating after the first febrile attack, recurring subsequently during the course of the affection. If it be one of pure pneumonitis, the pain may be localized to the side of the chest, though the usual frame order is severe, subsiding generally after the or two days. Vomiting occasionally in a sympathetic, provided the peritoneum covering the chest

is affected accompanied with diarrhoea.

The fever resembling that in typhoid, exudation is rare, while its continuance longer determines the fact upon examination of a tumor of a rounded or flattened form, and the size not larger than an orange.

The pyaemic variety is usually ushered in characterized by inflammation of the lymphatics, and the following symptoms. Chill followed by a temperature of 104° or more painless shaking of the abdomen with tongue, but slightly, if at all coated; transient patches of erythema, that is not sometimes taken for scarlet fever to appear upon the body. Constipation or slight diarrhoea. Planing and pain in [illegible]

together with deformation of the joints, knees, shoulders, hips &c.

Meantime, when once the Sophic germs have entered the system of a parliament member, there seems to be little or no prospect of combatting them, or any, the purchases of legislation. But our duty is to have all cases to our best ability; and for this reason it would be folly, to lay aside all hope, in the belief that nothing can be done. Something may be done; for, notwithstanding the Morbid principles have entered the blood, we may sustain the system, so that the ultimate consequence may be prevented; and also to neutralize that as yet unabsorbed by proper antiseptics.

The latter method, comprising [illegible]

use of vaginal and uterine injections, present a much disputed point. Thus, Mr. Gallard Thomas protests strongly against intra-uterine injections, except where symptoms of septicaemia are present. Mr. Lane of the Glasgow Lying-in Hospital, lists the entrance of air into the uterine sinuses; also, hemorrhage by dislodging the clot from the sinuses; the entrance of fluid into a sinus by a jet of the injection tube being introduced; and again direct passage of fluid into the peritoneal cavity through the Fallopian tubes. He concludes these objections however, first by the use of a large tube; secondly, by using warm water; thirdly, by excluding air before passing the tube to the os uteri; and fourthly, by being extremely careful

hitherto part in the operation. Free communication should be established from bottom, and that no fluid may remain in the abdominal cavity.

One division of Mr. Thomas's treatment, and the which is at least by no means slightly accepted, is the use of an intermittent spray instead of the continuous stream or fountain syringe; holding that the danger of this from its use, the homeness, prefers a steady stream, replacing it by the intermittent spray, thus bringing to bear deleterious cases. There is it, that the intermittent spray is by far the best medium means of removing blood clots and other debris from the body of the patient; but the milk is relatively positive [illegible]

ducing secondary hemorrhage, but by removing by the force of the current, fresh formations covering the granulations much more readily than the douche.

But are we to forbid the employment of the use of tetanine and vaginal injections, limiting them in bitter terms? Surely such treatment never can be unfavorable when the symptoms of sepsis are imminent, in the shape of shaking in the face.

In the commencement, or before the use is seldom necessary, very harm than good. Hence the irrigation is always been employed by Dr. Gunning immediately after the extirpation of the uterus, using for the purpose a single cu-bre tube with an opening at the end for the

purpose of washing the fistulous, and sinus
fistulae holes. This method appears to be
meddlesome; for by no means are they
without risk. Dr. C. R. Post refers this
subject, in the New York Med. Rec. thus:
"If you have dehiscence, then confess,
you gynaecologists, are we to think the vagina
a free crater? In the vagina of a woman
recently delivered the find often slight gran-
-ulations. The employment of vaginal in-
-jections of simple water has a tendency
to cause granulations and so prime the
woman for disease". Cases have been met
with, in which the use of uterine injections
have evidently been continued too long;
for after the sinuses have apparently been
closed, new abscesses have

ition use for injection. Thus, Barker has noticed that after using the tube for 2 or 3 days it has been withdrawn with patches of fresh blood scattered over it.

There seems however to be some advantage in the use of vaginal injections subsequent to delivery, in cases in which it becomes necessary to introduce the hand, to determine the presence of any foreign substances, lesions &c. but even here there is danger of introducing septic matter from the vagina to the previously normal uterus.

From unmistakable evidence the best anti-septic is corrosive sublimate, in the proportion of 1:2000 or 1:3000, for the purpose of a germ destroyer; but the dangers attendant upon its use have [illegible]

preference generally to accept carbolic acid as a much less dangerous substitute, albeit not so effective or permanent.

Much care should be exercised in the use of the former remedy, that no fluid remains after its administration in the uterine cavity; for from thence comes serious trouble. Thus the absorption of the antiseptic is a great drawback, producing symptoms of poisoning difficult of recollection, due to the washing effects which the uterine state has on convalescence. There is hemorrhage, hypogastric pain and tenderness with mucous and bloody stools. The urine diminishes in quantity, and contains epithelial cells, casts, and more or less albumen. [illegible]

deposit of crystals of oxalate of lime in the uriniferous tubules, due to decomposition of the urea which it has been stated arises from the presence of the bichloride, or which can not have been reported by Dr. Butler. (Dr. Butler in Brit. Med. Jour. for June 1886.) The minute quantity used, (1:2000, 1:3000,) and the recent practice 1:10,000, of the bichloride of mercury as an external application, has many undeniably good qualities. If, therefore, in such minute solutions it will work as a tolerable anti-septic, have we not reason to suppose that its internal administration would be characterized by like qualities? Since the remedy would be received into the open healthy circulation

in small quantities; but seeing the extremely weak solutions employed attended with its fatal results he may hope that in the future its administration by the mouth may properly be adopted.

Peritonitis must be met by enforcing perfect quiet of the patient, and the administration of full doses of opium; the hypodermic injection being by far the best form. Turpentine stupes, or warm fomentations, are very soothing and may be employed. Care should be exercised in the administration of purgatives, owing to their uncertain action; and to the possible result of diarrhoea, which seems an unfavorable termination to peritonitis. Bettman's it is best to enemata.

fever is associated with an exhaustion of the nerve centres, an increased amount of tissue waste, and in fact by the deterioration of the nervous system. Therefore, one of our main objects in the treatment of puerperal septicæmia, is the localization of pyrexia. I think for this purpose stands among the first. Given at the first indication in doses of from 20 30 gr. the temperature is often persistently lowered several degrees. If at the end of 24 hours the temperature again rises, and all disagreeable symptoms of obstruction have disappeared, the same dose may be repeated. Instead of its being administered by the mouth, a rectal dose disagreeable from its bulk [illegible]

hypodermic method; 20 minims or more of the hydrobromate of quinine being injected at each administration.

Next in the list stands a remedy, or rather a collection of remedies, under the name of Warburg's Drops. This preparation, which has for its basis quinine, and as adjuvants aromatics, which appear to increase its efficacy, has been employed high in repute. It at times, with some patients, is not able to be tolerated by the stomach.

The antiseptic treatment, advocated by Barker, exerts their favorable results by modifying cardiac action, which in turn prevents secondary tissue waste. For this purpose venesection should be used,

of 5 gr. of the tinctura and the tinctura of aconite in 1 gr. doses every half hour, steadily increased if may be employed, the pulse falling to 100 or less.

Antipyrine, a new remedy, and [illegible] not but imperfectly [illegible] is fast gaining ground for the reduction of fever. This drug reduces temperature in a progressive manner, maintaining it at or near the normal level for 6 or 8 hours, or even longer; the [illegible] being not being attended with sweats or chills. The pulse falls, [illegible] with the decrease of temperature. Sweats and nausea are almost all its inconveniences, which may be easily overcome in the former by the administration of

initially before the first dose of antipyrin, and the latter, by employing the agent hypodermically; which, however is seldom necessary.

I look upon that in all the cases in which antipyrine has been employed by me, a fall of temperature has been observed, but which, as has been apparent a fatal ending. Probably these cases may have been more of a malarious character, than which antipyrine has less influence; acting merely as an anti-pyretic, and not as an anti-periodic.

Externally, the cold bath, hot pack, the cold &c are much employed, the power of these is quite an effective

way of reducing pain in most cases in a manner having the sense of Kibbee's Cot. This admirable invention, it is hard to necessary to explain, the to adaptation of yoke following its use is to be continued for 4 or 5 hours, when, if necessary, it may be again resorted to.

Encysted peritoneal effusions, may more by imparting to the hand the feeling of a hard tumor, simulated by pulsey. Material, and for the elevation by the introduction of the aspirator needle should be resorted if the pain be very severe resorted by the application of a large blister over the seat of uneasiness, which may be aided by the hot bag, or stomache, pressure etc, and flannel to the

abdomen, flushing out with hot water.

Upon the peritoneum of the uterus, above Douglas' ligament or Douglas, a pus cavity should be made, the cavity well washed out twice daily and filled with iodoform. By this means the fever and sweat disappear rapidly, with a restoration to health.

Epidemic Cholera.

By

E. P. [illegible]

191.

Epidemic cholera.

Cholera is a disease of which the attacks are very severe and rapidly fatal, it is characterized by profuse discharges from alimentary canal, by cramps and extreme exhaustion, also by suppression of urine and all secretions and shrinking of tissues. Epidemic cholera has been known in India for centuries and probably from time immemorial. It is seldom entirely absent there, but at long intervals breaks out into widespread epidemics. The first known and most fatal epidemic intimately is that which originated in the Delta Ganges in the year 1817, from which it spread over most of Hindostan and during the next

[illegible] in Central Asia, [illegible] 1899; reached [illegible] of the [illegible] company [illegible] [illegible] took a fresh start, and slowly travelling slowly westward it [illegible] 1831 in European Russia and Poland. After having reached the northwestern [illegible] of Europe, the [illegible] into two branches, one of which crossed the [illegible] and [illegible] [illegible] the other [illegible] [illegible] North America continued; the other branch southward attacking successively France, Spain, Italy [illegible] and [illegible] of Africa. The disease had [illegible] finally [illegible] until the year 1867. The [illegible] causes, and the mortality that

that impeded the whole globe & people in one place and subsequently spread throughout the world or did it generate "de novo" in the different localities where it made its appearance? though there are different opinions as to this statement it is quite certain that it originated at first in India where it raged for a certain time in an epidemic form before it assumed an endemic character. In the other place where it appeared from time to time in an epidemic form it was assumed to come on the ships from the seas & the disease was always connected with some infected sea port which from which favorable circumstances facilitated its rapid progress in different directions. The nature of the

[illegible] poison is at present quite unknown, [illegible] of various theories have been given, some of which are: (1) Blood poisoning theory of Dr. [illegible] (2) [illegible] theory of Dr. Beger. (3) Phenique theory of Dr. [illegible] (4) The bacillus theory of Dr. [illegible] and his [illegible]. All these theories have been brought forward from time to time yet all are open to [illegible]. It is [illegible] that it is [illegible] aspects of an affected person, but how it originated and how it acts as what it is we cannot dogmatically [illegible] it but [illegible] may be the [illegible] of the person, [illegible] has a period of incubation varying

[illegible]

[illegible]

[illegible]

[illegible] depressions; sometimes accompanied by exhaustion, rarely by purpura. There is mild cholera diarrhoea. The duration of the [illegible] is [illegible] hours to a week; usually about two days. They may be absent occasionally [illegible] recurrence of [illegible] recurrences, [illegible] ~~prominent~~ and [illegible] little or no pain ~~to the~~ discharge.

The second stage is characterized by a profuse diarrhoea, generally commencing in the morning or in the middle of the [illegible] the patient [illegible] depositions as passing from him in a dream. These painless discharges, sometimes,

after the second evacuation, assume a rapid
straw colored appearance. The [illegible]
from three to twenty a day are often se-
[illegible]
[illegible]
[illegible]
The thirst is lessening and constant
bile in pigment disappears from the stools
[illegible]
on account of the extreme loss of blood.
The discharges having a whey like
appearance consists of the watery elements
of the blood; their sp. gravity from 1.0
[illegible] and they contain a small
proportion of albumen and an excess of
[illegible] chloride, [illegible]

triple phosphate and a few [illegible]
[illegible] and superpower [illegible]
the contents of the [illegible]
[illegible] have [illegible] the vomit is
a clear watery fluid [illegible] carbonate of Ammonia; it is ejected in
a stream, without nausea or effort, and
[illegible] of cholera, every thing
introduced into the stomach is thrown
the tongue is dry and covered with
a thick white coating; the expression
is sinking and collapse is the [illegible]
[illegible] on collapse, the pulse becomes
imperceptible at the wrist, after this
is distinguishing hiccough. On raising
[illegible] the abdomen is tender and
sensitive to pressure; it may be

[illegible]. Suppuration of the urine is of frequent occurrence at this stage.

The cold stage commences with a fall of temperature, first in the hands, feet, or at first, but soon over the entire body. In a little time the temperature may fall as low as 72°F. while the rectal temperature remains 102°. The accompanying sounds makes the surface feel colder than it really is. The patient complains of being cold. The skin is a dirty brownish pallor, and is thick or thickening. The features or tissues are pinched, the eyes are deeply sunken, and have a pinkish margin above them. The patient is in a state of apathy or stupor, and easily roused, by the severe symptoms,

hich cause him to shriek and throw himself about the bed. These cramps affect chiefly the muscles of the calf of the leg.

In the last stage of the disease called the "collapse" the patient becomes livid, the features become sharpened, the mouth and the thermometer may show a temperature of only 72° F. The anxiety, depression, the imperceptible heart sounds, the "stertorous breathing & whispered" speech, the cramps, the vomiting, the diarrhoea, complete the horrible picture of the disease. The vomiting and diarrhoea now diminish and the discharges are less fluid.

The urine is either completely

[illegible] or a few highly albuminous [illegible] are fussed. The [illegible] are [illegible] [illegible] [illegible] [illegible] with few years' intervals. The stage [illegible] [illegible] [illegible] hours, [illegible] [illegible] [illegible] [illegible]

. i the heart sounds become distinct and regular. All intestinal rales, the gurgling rack disappears and the dropsy recedes. The patient then gets out of bed. The duration of this period varies from one to ten days.

There are several variations. Cholera typhoid is perhaps the commonest regarded as the type. After a few days or a week of well marked reaction in plants where the symptoms and reactions are fully established, a quick turning of the tides is noticed and in some people a period of convalescence is established, which recurs with regular periodicity. These are accompanied by atypical symptoms, such as low muttering

[illegible], a dry tongue, [illegible] coated [illegible] [illegible] letters. The patient [illegible] into a state of [illegible] [illegible] [illegible] the same stupor. The bowels and [illegible] are [illegible] constipated and health [illegible]. If [illegible] [illegible] the convalescence is very protracted.

Uremia is a not unfrequent condition following the use of [illegible] [illegible] [illegible]. The [illegible] stage, and an extent poorly [illegible] [illegible] the pulse becomes [illegible], the face slightly flushed and the eyes dirtily injected. The [illegible] [illegible] [illegible] or even entirely [illegible]. There is constant headache and [illegible] [illegible] a [illegible] [illegible]. [illegible]

convulsions are followed by coma and death, the bowels are constipated and the febrile symptoms negative.

A "Cholera Eruption" so called, sometimes makes its appearance either in the form of roseola over the thyroid cartilage. This condition appears as an erythema, or urticaria or roseola. Its appearance is always considered as a favorable sign. The eruption will sometimes last for days and is often accompanied by a burning sensation.

There is a condition of cholera known as "cholerine" which is marked by all the characteristic symptoms of the disease, except that it is in a rapid stage. Recovery is usually rapid.

[illegible] epidemic [illegible]
not likely to be overlooked for any other;
but when it occurs in isolated cases, it
may be confounded with acute [illegible].
In such [illegible] there will be [illegible]
the fever relying on the [illegible] and
tongue. The vomiting & diarrhœa
are [illegible] to the [illegible], & almost
always in [illegible] the specific mortbus will tell
the presence of poison.

Prognosis.— The mortality not in dif-
ferent epidemics varies from [illegible] to
[illegible]; generally one half occurs in the [illegible]
three days of the [illegible] and the rest the
second week; the higher the mortality, the
mortality is [illegible] towards the end than at the
commencement of an epidemic; it is

greatest in those under one or over fifty years of age. Habits of life and hygienic surroundings influence the prognosis, such influence on the severity has been better than the recovery.

Treatment. — Prophylaxis and hygienic precautions limit the number of cases, and the mortality rate of a cholera epidemic. Filth in its various surroundings, overcrowding, overwork and privations should be vigorously enforced, and those attacked by the disease should be isolated, lest members of the community should be placed under the best hygienic conditions. All excesses in food and drink and all causes of intestinal irritation should be avoided. A diarrhoea occurring should

is [illegible] shocks.

Cases should also be [illegible] and divided the [illegible] and the [illegible] in the sick room should also be thoroughly disinfected, and for this purpose [illegible] is found to be the best thing.

In medicinal treatment, the first object is to control the [illegible] and this is accomplished by the use of opium, in most cases. It may be combined with [illegible] of [illegible], calthrine acid, or all [illegible] or with magnesia, [illegible] that morphine [illegible] administered the most will prevent cholera. The [illegible] should be [illegible] and kept warm with [illegible] covered by flannel bandages

If there are signs of exhaustion early stimulants may be given carefully. [illegible] a dose or two of the [illegible] and bowels are often serviceable. Vomiting is often allayed by cracked ice: carbonic acid water, or effervescing draughts.

[illegible]

The treatment becomes symptomatic. [illegible] and relief of pain by the [illegible] drachm. [illegible] of morphia [illegible] with chloral should be given [illegible]. A severe fraction will suffice. In the stage of collapse and [illegible] opium [illegible] [illegible] and repeated at short intervals [illegible]

good stimulant; brandy [illegible] have been recommended. In the use of stimulants one must always be guided by the pulse and the effect of the stimulation. In India the climate will [illegible] many cases, it being composed of quinine, strychnine, [illegible] and the essential oils.

As a chronic form comes on [illegible] treatment should begin with good [illegible] and should be pushed as long as consistent with maintaining strength. Central congestion must be carefully treated by the bag-and-sponge method, but to the [illegible] internally. The common drugs of the talent, digitalis, [illegible] and [illegible] should be avoided.

E. E. Tr[illegible]

"The Country Rector"

E. S. Ferrier

Session 86-87

The Cities Into

In order that we may more estimate the importance of our subject and the scope of its influence let us glance at the comparative population of the cities of the U.S. and the more distinct including small towns. According to the census of 1880 the population of the U.S. was about 50,000,000. That of the cities alone was about 11,300,000, which is less than one fourth of the entire population. By this we see

that the sanitary interests of more than three-fourths of the province are entrusted to the country doctor." While those of only one fourth are in their the professional influence of the city doctor.

The preparatory discipline of these two characters is the same. They study the same books, attend the same schools and receive the same didactic and clinical instructions by which they arrive at a knowledge of the most common types of the various affections incident to our people. But it is in the

province of text books or schools to enter into the minutiae of the various different institutions, & dissect each with under-measure instruments, calculate, decide, &c. or it becomes the duty of the young physician to make a special study of the various forms & diseases familiar to the section in which he is practicing, and also of the surroundings of, and the influences which are brought to bear upon his patients. He should not cease to be a student as long as he continues to be a practitioner.

We will consider briefly the different sections of our country as to climatic, social, industrial and other influences affecting the health, mental physical and moral tone of our people.

In the northern part and more the Eastern shore - in all parts subject to our climate - temperature and sudden changes we would expect to find catarrhal troubles very prevalent.

In the South, the great interior depression, the river valleys, and all low flat lands places miasmatic affections are more

excellent.

As due to social influence we will name - venereal diseases - which are of infinite, in the city that many physicians make them a specialty, but in rural districts they are but rarely seen.

Alcoholic influences - the victims of which the country "doctor" is not often called to treat, while in large places the evil is so great that public institutions are required for the care of the unfortunates.

Dietetic difficulties - are to be encountered where the people

are of large income and income and given to the excessive indulgence of a morbid appetite. The contagious and infectious scourges which necessitate rigid quarantine regulations are only encountered in rural districts by accidental importation.

The industrial influences are as many and as varied as there are different branches of industry. Each branch has certain diseases which are peculiar to the same.

In an agricultural region the doctor has but little surgical

work but if treated where there is much manufacturing, railroading, foundries, iron mills, factory, machinery &c. he will have an extensive surgical practice. In the country he will not meet with the diseases peculiar to professional men and toilers, nor with those peculiar to military and naval life.

A thorough knowledge of all these various matters can only be acquired by personal contact with them.

The relation of the medical practitioner to the specialist is

a question worthy of some consideration at this time. As the tendency of the age is toward specialties. It has long since been known that the field of medicine is vastly too large for one man to become proficient in all its branches so men devote their time and means to the pursuit of the separate branches. There are, at present, specialists in diseases of the Nervous system, throat & chest. Eye & Ear. also venerial diseases. gynecology. diseases of children. surgery. obstetrics. dermatology. toxicology. Exanthematous diseases &c.

There are also some who make pretentions to specialties merely to enlarge their general practice. So we think that if the specialist wishes to be recognized as such by his neighboring general practitioner he should limit his practice to his specialty.
When the general practitioner has treated a case unsuccessfully for a length of time. or if he does not understand the case to his own satisfaction it becomes his duty to his patient and profession to recommend the case to some trust worthy specialist again. It has ann delicate op-

erations to perform in which he is not skilled or has not at his command the necessary instruments with which to operate he should refer the patient to one whose ability is recognized and who has provided himself with the necessary appliances.

The demands upon the 'Country doctor' are multitudinous and varied. Thus necessitating a wide range of research and qualification literary and professional. General and special. He must be physician, pharmacist, druggist, botanist, surgeon, general & special, &c.

coaches. Gynecologist, public sanitarian, gratuitous health officer &c.

The difficulties he must encounter are no less varied & multitudinous than are the demands upon him. And his compensation is but meagre as compared with his weighty responsibilities, professional, legal, social & moral.

First let us notice a few of the difficulties with which he meets. Perhaps the gravest of these is the limited means at his command in emergencies, both medical and surgical

The demand in a small town is not sufficient to justify a druggist in keeping a complete stock on hand so when the physician wants any thing that is not often called for he must wait until it is ordered from some wholesale house.

Surgical practice in the country is not sufficiently extensive to enable the doctor to purchase an adequate set of surgical instruments and he is often times necessitated to improvise appliances from crude and imperfect materials.

Another difficulty we would name

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Another difficulty we would name

is the ignorance of the masses of the people as to physiological laws and hygienic necessities we find the grossest inconsistencies in each of these practiced by the vast majority of the people. Many nurses to whom the care of patients are intrusted want to play both doctor and nurse and will urge their opinions against that of the attending physician. And if they can not see the good effect of the medicine immediately they think it is doing no good and consequently stop its administration. Others are very neg-

ient and indifferent about following the physician's directions and are also very inconsiderate about what they give the patient to eat. Many entertain the idea that the all important point of the treatment is to get the patient to eat and they will give him any thing he can take. Especially is this so during convalescence and not infrequently is the physician summoned in great haste to find that the patient has taken a relapse from some improprieties in eating

again nearly every old woman

in the country thinks there is no other doctor so good as hers and when she visits her sick neighbor she finds fault with the physician in charge of the case, and his treatment and admonishes the friends to discharge him and send for her doctor.

Almost every community has one or more old women who make some pretentions to midwifery whose services if not solicited are often volunteered.

They, of course, get along very well in normal labor where no interference is necessary but if they meet with any mal-presen-

tation or if any complication arises they can do nothing. and after much precious time is wasted the doctor is summoned and he arrives to find that the most favorable time for manipulation is past and nothing can be done but to resort to the use of intruments, possibly to the destruction of the offspring. or damage to the maternal structures. - We hail the day when the ignorant midwife will be no more in the land.
As other annoyances we might mention the Patent Nostrum Vendues. Pretentious Quacks

fortified by Clerical certificates "Faith Cure Bigots. and sacrilegious humbugs generally. The country is full of them.

The compensation of the "country doctor is but a pittance as compared with that received by the city doctor for similar services. It is entirely out of proportion to the relative expense of living.

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Scarlet Fever

W. H. White

Scarlatina is derived from Scarlatum meaning a deep red. It is an exanthematous fever called Scarlatina from the color of the eruption is remarkable for the great diversity which it presents in apparent cause as regards symptoms and severity. In its mildest form it is a trivial affection; in its most severe form there are few diseases more appropriately styled malignant. It is generally divided into three forms or varieties, viz Scarlatina Simplex, Scarlatina Anginosa and Scarlatina Maligna. Although they differ widely with respect to gravity and distinctive characters they are not distinct diseases essentially they are identical. Some

however, only divide the disease into mild and severe Scarlatina.

Scarlet Fever is a contagious febrile disease characterized by inflammation of the fauces and a Scarlet rash appearing usually on the second day of fever on the face, neck and fauces and progressively spreading over the body and ending in desquamation about the sixth or seventh day.

Scarlatina Simplex. This form is distinguished by the absence of throat affections. There are only the fever, and [illegible], redness and some degree of soreness in the fauces are scarcely less common than the eruption itself. The simple variety of Scarlet fever

is often very mild. In some cases the patient is not even confined to bed. The first sign of the disease which attracts attention is usually a scarlet blush upon the face and neck which is attended with a slight febrile movement, and declines on fifth day or sooner. But often it is much more severe there is a universal diffusion of the rash, which is of intense redness; the heat of the skin and frequency of pulse are extreme; and not unfrequently a slight delirium occurs especially during the exacerbations of the fever at night. There may be no rash to any great extent.

Efflorescence ordinarily appears on second day, commences on face and neck and extends over the whole in twenty four hours, deepest color where parts are exposed to pressure; Skin is of uniform redness and somewhat rough - not vesicular - is at its worst on about the fourth day and by eighth day generally has disappeared. Skin generally comes off in squamous particles. Tongue is of a red color, papillae elongated and throat is red.

<u>Scarlatina Anginosa</u> -

In this variety the affection of the fauces is prominent. Stiffness of jaw, soreness of throat and pain on swallowing are often experienced at the commencement

of the attack. fever is higher; there is
no thoral pain on swallowing, pulse,
tongue and tonsils are red. Diphtheritic
exudation very common. may travel to
Larynx and Trachea, and bring on
Diphtheritic Croup. Pulse of throat is
sometimes bad. Fever high, thirst is
present. In a well marked case the
mucous membrane of the Uvula soft
palate and tonsils is injected having
a bright red appearance, the tonsils are
generally swollen equally and may
nearly meet the secretion of mucous
is increased. frequently a semi purulent
discharge appears from the nose; and
the cervical glands become enlarged and
tender, the tongue is coated with a white

fur of varying thickness and clean from the edges, displaying the well known strawberry tongue in which the fungiform papillae are engorged and appear to stand out from a smooth, bright red ground. In the more severe cases, the tonsils, uvula and edge of soft palate become covered with a yellowish exudation, ulceration of tonsils ensue their surfaces are ragged and perforation may take place through the soft palate; sometimes rash is confined to some particular point, not unfrequently it is in patches with intervening portions of the skin of a natural color; But very many cases also occur in which the rash is nearly or quite general. occasionally after partially

breaking out, it disappears perhaps only to return again after a longer or shorter interval, and this process is sometimes repeated more than once. The fever is higher with more frequent pulse, and a greater tendency to delirium and stupor than in the Simple form. Rash appears first about face and neck but sometimes may be detected on the back of the hand; soon it fades in a few days: it is nearly always followed by desquamation, but it is important to remember that in mild cases there may be no desquamation at all, and also that children often desquamate after Pneumonia, Typhoid and other febrile diseases. The inflammation of the fauces advances with the rash

of the disease. and not unfrequently the eyes are red and irritated though not usually watery as in measles; the patient sometimes sneezes, and has a dry cough and a guttural voice. hæmorrhage sometimes from the nose. Upon examination of the fauces the tonsils uvula and soft palate are found to be swollen and of a deep red color - and patches of a concrete exudation resembling false membrane are generally seen upon the surface of the tonsils at an early period of the disease. along with this internal disease there is almost always more or less swelling of the external parts - in the region of the Parotid and Sub-maxillary Glands. and sometimes the tumefaction

is very great; the external swelling is often hard and painful and sometimes prevents person from opening mouth wide enough to inspect the fauces. Deglutition is difficult and painful, and when attempts are made to swallow liquids they sometimes return through the nostrils. Sometimes the lips are cracked and inverted here and there with crusts and are painful when parted; Sometimes the mucous membrane of the Nostrils partaker of the disease and the Nasal passages are often closed and the patient is compelled to breathe through the mouth alone producing dryness of the tongue and lips. At a more advanced stage a yellow and exceedingly offensive

ipid is occasionally discharged from the nostrils. Occasionally the inflammation travels back through the Eustachian tube into the cavity of the tympanum, causing unpleasant symptoms. The fading of the eruption begins a little later than in the simple form, and the fever and sore throat often continue in some degree for a few days after the commencement of desquamation. Various secondary affections are apt to occur which protract the disease and add much to its danger. The mildest forms are often attended with disastrous sequelae, and may be due to their not taking care of themselves during convalescence.

Scarlatina Maligna - In this variety the fever is of a Typhus character - exhibits itself early. Brain becomes affected. Rash appears and disappears irregularly, eyes suffused and dim, tongue dark and dry, or red and glossy fetid breath Cervical Gland. swollen and may suppurate, exhausting Diarrhoea may set in; Hemorrhage often c... . Patient may die on 3rd. day, yet may get well - children may die in convulsions before eruption. Scarlet Fever may exist without the eruption occurring at all. The name of Malignant Scarlet fever is applied to certain cases of extreme violence in which the system i...

one overcomed by the force of the disease, or is made very weak or depraved by it; either the Simple or Anginose form may offer this character, the affection of the throat not being essential to the malignancy of the disease though this part often suffers greatly. In some instances the patient is completely overcome in the first stage and may die upon 2nd. or 3rd. day. In other cases where there is greater energy of the system, or less violence of the cause. The early symptoms are those of the Angina variety. The signs from which the malignancy may be suspected are violent initial pains in the loins, and extremities, a greater tendency to stupor and delirium a somewhat weaker

though not less frequent pulse, a later appearance of the eruption which may be postponed to the 4th day, and its tendency to a dusky hue. In the fauces also the tint of the redness is deeper and more inclining to purple than in the sthenic Angina cases. As the disease advances the symptoms assume a more decided Typhus character the pulse becomes feeble, the skin is less regularly heated, the eruption disappears or turns of a livid or purplish color, petechiæ and ecchymosis occasionally appear, the exudation of the tonsil and fauces is of a dark color, deep ulceration or gangrene of parts may occur.

Clinical History - Incubation - Scarlet Fever

is developed after a longer period of incubation than measles. The average duration is from 3 to 5 days; it has been known to be only 24 or 48 hours. Not very infrequently the duration is from 6 to 8 days and in rare instances it may extend to 12 or 14 days; the duration is more variable than in the other eruptive fevers.

<u>Stage</u> of Invasion – The invasion in Scarlet fever is usually sudden, a chill occurring in only a certain number of cases. In children vomiting is a very common symptom at the onset. Fever more or less is rapidly developed, the temperature may rise at once to 105° or higher; Epistaxis is not uncommon; the frequency of pulse corresponds to the intensity of the fever; restlessness, headache

sometimes delirium, and general malaise are marked if there be notable pyrexia.
In mild cases all these symptoms may be slight; Redness of the fauces more or less vivid may generally be observed in this stage either with or without a sense of soreness and pain on swallowing. The injection of the throat is due to the efflorescence which appears in this situation before the appearance on the skin; In a great majority of cases the fauces present the appearance of Erythematous inflammation thus associated with suddenly developed high fever and vomiting points to Scarlet fever especially in a child and if the disease be prevalent. In mild cases even a probable diagnosis can hardly be made.

prior to the stage of eruption. The average duration of this stage is about 24 hours; the eruption usually occurs on the 2nd. day. a considerable delay of the eruption is generally attributable to some complication.

<u>Stage</u> of Eruption:- In Scarlet fever the efflorescence appears usually on the neck and chest simultaneously with its appearance on the face; in the latter situation it appears on the cheeks and temples, leaving the skin around the mouth unaffected; it extends rapidly over the trunk and extremities, in this respect differing from the eruption in Small Pox and Measles; The general diffusion takes place usually within 24 hours; Instances in which it appears

on the trunk and limbs before its appearance on the face and neck are not extremely rare; the eruption is at first in the form of minute spots; these by coalescence form patches variable as regards number and size, or the whole body may be covered with an efflorescence. The patches have irregular or serrated borders, the color is a bright red, hence name Scarlet fever. The patches of efflorescence show on close observation, numerous points of a deeper color, which are the sites of the primary discrete macules. The eruption disappears usually within three or four days; The duration of this stage of eruption however is not very rarely considerably longer; it may extend even to the fourteenth day.

Miliary vesicles are not uncommon; the affection of the fauces continues; the tonsils are generally more or less enlarged and the mucous surface may be coated with a muco-purulent, or a pultaceous matter, the latter resembling an exudation. A true diphtheritic exudation sometimes occurs. With this appearance within the throat, the Submaxillary and Lymphatic glands at the angle of the jaw are enlarged. The tongue in some cases presents an appearance which is highly diagnostic - the papillae are enlarged, and, if the surface of the tongue be coated, they project through the coating, and present an appearance as if the surface had been sprinkled with Cay-

some pepper. If not coated the appearance of the tongue is still more characteristic. It resembles closely a ripe strawberry and is commonly known as the Strawberry tongue; the appearance is peculiar to this disease, and the diagnosis might almost be based upon this alone. Pyrexia more or less intense continues through this stage, gradual defervescence in favorable cases commencing at its close. The degree is generally a criterion of the severity of the disease. In severe cases the delirium is common and is active, patients requiring to be watched or restrained in order to prevent their escaping out of doors and sometimes from jumping out of the windows.

Stage of Desquamation frequently commences with the decline of the eruption and prior to its disappearance. The degree and extent of the desquamation is, in general, proportionate to the intensity and diffusion of the efflorescence. Desquamation is rarely wanting, save in the cases in which the efflorescence fails to appear. In Scarlet fever desquamation is the rule with some exceptions. It may be furfuraceous, but it is oftener lamellar, that is, the cuticle is exfoliated entire in portions of greater or less size.
The cuticle of the hands may sometimes be removed intact, peeling off like a glove. Desquamation may take place where the eruption had been wanting. A second

efflorescence not infrequently takes place in the stage of desquamation, and a second desquamation without a renewal of the efflorescence sometimes occurs.

Complications and Sequelæ of Scarlet Fever.

There are few, if any diseases the mildest and severest cases of which are so widely apart as those of Scarlet fever, and, perhaps in no other disease are deviations from a typical course more common. The terms mild, severe and malignant Scarlet fever are convenient for grouping irregular forms of the disease. Cases are sometimes so mild - that the patient does not go to bed, perhaps manifesting no illness, the inflammation of the fauces slight and the eruption so indistinct that the

diagnosis is difficult, and sometimes an after conclusion based on the communication of the disease to others or the occurrence of Nephritis as a sequel. Faucial inflammation without an eruption is not uncommon. There may be on the one hand considerable, and on the other little or no fever. Persons who have once had Scarlet fever, or those whose susceptibility to the contagium has diminished by age often have more or less affection of the throat when brought in contact with one of the disease. In contrast to these mild cases irregular forms are those in which the deviations denote severity of the disease. Notable hyper-pyrexia and frequency of the pulse characterize certain cases. In some cases

convulsions occur, irrespective of renal diseases attributable to the intensity of the toxical condition of the blood. Active delirium occurs in some cases. The faucial affection not infrequently is much greater than in typical cases; the tonsils are greatly enlarged; they may suppurate and sloughing sometimes takes place. In cases of an unusual affection of the throat the cervical glands are often very much enlarged and gangrene may occur. The eruption in these cases is often incompletely developed or wanting.

The hemorrhagic form in which hemorrhage takes place in different situations other than in the skin may be considered as malignant; in this form there is usually a

high temperature and grave cerebral symptoms. Of the complications of Scarlet fever the most frequent are Otitis, either external or internal, leading sometimes to destruction of the tymkanum and the discharge of the ossicles of the ear; Colo-Enteritis in children; Articular Rheumatism, Peritonitis, Pleuritis, Endo-Carditis and Pericarditis - these affections probably in many if not in most cases either Rheumatic or Uraemic; Laryngitis which may prove the immediate cause of death; Coryza Ophthalmia and Gangrene of the mouth. Diphtheria is not infrequently combined with Scarlet fever; the presence of a Diphtheritic exudation in the Pharynx is an evidence of the

coexistence of the two diseases. The exudation here, as in other instances is to be distinguished from the pultaceous secretion from the follicles and the deposit of concrete mucous, which may give rise to an appearance resembling that of a pseudo-membrane. Parenchymatous or tubal Nephritis is sometimes a complication giving rise in certain cases to Coma and Convulsions etc; it is much oftener a Sequel. It follows Scarlet Fever in so many instances, and is so rare except in this pathological connection that its occurrence serves to establish in some cases the diagnosis when this had been doubtful. With reference to the liability to this complication

the urine should be examined daily during the course of the disease; the presence of Albumen or Casts is evidence of the renal complication. to determine whether a sufficient amount of urea is eliminated to protect against the grave effects of uraemia, the quantity and specific gravity should be ascertained daily - attention should be given to the urine for several weeks after the date of the convalescence, sufficiently to determine either the existence or absence of the Nephritic sequel. It is to be borne in mind that this sequel may follow the mildest as well as the more severe cases, perhaps occurring more frequently after the former than

after the latter. Parenchymatous Nephritis following Scarlet fever may occasion anasarca. or phenomena attributable to Uraemia may take place without as well as with general Dropsy. Coma and convulsions with pulmonary oedema oedema of the Glottis, pericarditis or other serous inflammations are uraemic effects which may destroy life after patients have passed safely through the fever. In order to foresee and forestall these grave effects of Uraemia, it is of great importance to keep watch over the urine as regards quantity and Specific gravity. It is a good precaution to watch the urine of persons who have been exposed to

Scarlatinous poison, although Scarlet fever be not produced. That this poison will cause parenchymatous Nephritis without causing Scarlet fever is certain.

Anatomical Characters - Sometimes every trace of eruption disappears after death; sometimes remains of it may be seen in purplish or livid spots; upon cutting into the skin, the reticular tissue is found reddened and injected. The redness sometimes also disappears from the skin [illegible] death. The concrete exudations are often seen, sometimes extending through the pharynx even to the Oesophagus, but seldom into the larynx. The tendency to Bronchial and Pulmonary inflammation is much less in this disease than in

measles; various internal organs are congested - alimentary mucous membrane often exhibits signs of inflammation and Peyer's patches and the solitary follicles of the intestine are often moderately swollen. The Spleen has often been found enlarged. Swelling and inflammation of the lymphatic glands of neck often occur; the glands may suppurate. Swelling of Mesenteric glands as well as other lymphatic glands of body has been observed. Parenchymatous degeneration of the liver kidneys and heart may occur. Eruption on surface and appearance of the throat constitute principal anatomical characters.

Cause of Scarlet fever is probably

specific and is generally believed to be of a contagious nature; the contagion from mild cases is as effective as that from severe cases. The contagion is contained in emanations from the body, probably in both expired breath and the cutaneous exhalations, hence the atmosphere surrounding patients is infected. That the disease may be communicated by means of fomites is unquestionable. This contagion may be carried in clothes etc. from one person or place to another and this contagion holds its morbific power for a long time. Scarlatina sometimes follows with notable frequency surgical operations. The disease prevails at all seasons of the year. it frequently occurs epidemically.

As a general rule the disease occurs but once in the same individual, exceptions have now and then been noticed. No age is entirely exempt from the disease, but children are much more liable to it than as adults. Statistics show that the disease occurs most frequently in the 3rd. and 4th. years of life. and that the liability to it diminishes progressively after the fifth year, and becomes very small after 40 years. Cases have been reported in which the disease was contracted in utero. Many persons exposed are often troubled with sore throat, yet escape the disease. Thought to be due to Minute Organisms and microscopic fungi ??

<u>Diagnosis</u> of Scarlet fever before the

eruption is quite difficult to make sometimes, but a probable diagnosis may be made before the eruption appears on the skin, by a sudden attack of vomiting with high fever, and redness of fauces in a young subject, especially if during prevalence of Scarlet fever. But from the short duration of stage of invasion, the high fever, the appearance of efflorescence in the throat before the eruption on skin, then appearance of efflorescence on body and upper extremities, before or simultaneously with its appearance on neck and face and rapid extension over cutaneous surface, the Scarlet color, the irregular and serrated margins of patches and the persistence or

increase of the pyrexia after appearance of efflorescence - the eruption occurring on 2nd. day, often sudden attacks of vomiting etc make the diagnosis of Scarlet fever quite plain; later on we have the strawberry tongue. In measles the eruption begins on the 4th. day; the eruption of measles begins on the forehead and neck, then face and gradually extends downwards, occupying from 24 to 36 hours in passing over trunk and limbs. The eruption is first in Measles as indistinct red points, very small, which increase in size and become more distinct, their borders are uneven or irregular, they become slightly elevated and tend to arrange

themselves in circular or crescentic forms. Color of eruption is dull or deep red, not crimson or scarlet red like in Scarlet fever. In Measles there is Coryza, irritability of the eyes, sneezing, coughing etc.. While in Variola the eruption changes from Maculae to papulae to vesicular to pustulae and characteristic appearance of the Small Pox vesicle is produced by a central depression on its roof; this depression constitutes the so called Umbilication of the vesicle. Scarlet fever may be at first or in slight cases confounded with Roseola, but this is a slight affection and generally disappears in from 24 to 48 hours and has not symptoms

of Scarlet fever. A little time will generally make the diagnosis very plain.

Prognosis. There is probably no complaint in which the result is more uncertain than in this disease. The seemingly mildest cases sometimes assume a most malignant character, and patients suddenly die. While, conversely cases apparently the most desperate sometimes end favorably. Aside from the intensity of the disease the danger often depends on complications. The symptoms denoting imminent danger from intensity of the disease are excessively frequent pulse, active delirium and prostration, Jactita-

tion. Hyper-pyrexia; the mode of dying in these cases being by Asthenia. If throat affection is unusually severe the prognosis is unfavorable. If Laryngitis ensue a fatal result is to be expected. The developement of diphtheria is extremely unfavorable; Among unfavorable signs are a late appearance of, considerable deficiency in or sudden retrocession of the eruption, with other bad symptoms as continued delirium, or profound Coma, a livid or purple color of the rash, with petechia, ecchymosis or hemorrhage. a livid appearance of the fauces, with gangrenous sloughs or ulcers; extension of

pseudo membranous exudation into the larynx etc.. More dangerous in adults than children. The more Typhoid like the attack the more dangerous. Hemorrhagic form is bad. Generally dangerous in pregnancy Best and safest not to give any favorable prognosis.

Treatment. It has been shown that Scarlet fever cannot be cut short or its course abridged. We should therefore pursue the expectant plan of treatment, that is treat the symptoms as they present themselves, there is no known remedy which can destroy the poison when once it gets into the system. Those substances which are highly esteemed as disinfectants cannot be used with safety

in sufficient dose to antagonize the poison in the system, since such doses would seriously impair the nutrition and molecular action in the tissues. Simple forms of Scarlet fever require little more than hygienic treatment, and there are no indications for active treatment; the fever is light or moderate, there are few if any, symptoms which call for palliative measures, always best to keep patient in bed, give laxative, no exposure, good hygiene, if any fever give some antipyretic and little else need be done in the very mild cases as they tend to get well of their own accord. Be careful in preventing a spread of the disease, remember, that a very mild case is able to transmit the disease and bring on malignant form.

Also watch during convalescence a complication are very liable to set in. While in cases of extreme severity they offer little in the way of encouragement from any treatment. The tendency to a fatal result can not sometimes be prevented by any remedy; yet you should try all remedies to stop the disease. In the cases in which there is more or less severity, often the great danger is from hyperpyrexia. We should use Anti-pyretics, as Quinia, in full doses, as Quinine is of great importance in reducing the temperature of body in the fever. You may use the wet sheet, or the cold bath has been used; also sponging the patient is of great importance. if the pyrexia be considerable or moderate spong-

ing the body with cold or tepid water will suffice. The sponging is to be continued and repeated according to its effect. The wet pack reduces the fever and has a sedative effect; the patient may remain in the pack for about an hour or two, free perspiration is induced. The pack is to be removed when this effect is produced the body wiped dry and placed in bed. and it may be repeated pro re nata; The evidences of its usefulness are reduction of the body heat, diminution in the frequency of the pulse and a manifest soothing effect, and patient often obtains refreshing sleep after it is done several times; the patient often will like it so much that will call for it. Anodynes are indicated if restlessness

and vigilance be not relieved by sponging and the wet pack; Opium in some form given cautiously is of use if the effect otherwise be good by promoting moisture of the skin. Dover's powder acts nicely many prefer to use Belladonna Hyoscyamus, Chloral etc. if these are not efficacious opiates are to be given but cautiously in young children. As a stimulant Carbonate of Ammonia acts well. Inunction of the surface is a highly useful measure, especially when pruritis is present as a symptom it gives great comfort to the patient by relieving the dryness of the skin etc.; and it prevents the detachment from the skin of the epidermic particles, containing the contagion in a dry state;

especially during the period of Desquamation will it prevent this detachment from the skin. Cold cream ointment and vaseline are to be preferred to lard or olive oil. Glycerine with rose water act well. The pulse becomes less frequent and the temperature diminishes not infrequently after the inunction. you may repeat it two or three times a day - it need not conflict with sponging, the wet sheet, or wet pack. Cathartics are never to be used. If constipated relieve by enema; all remedies which disturb the stomach are contraindicated. In severe cases denoting asthenia, alimentary and alcoholic support is an important part of the treatment. The best form

of nourishment is milk with the addition of lime water. Milk punch and Wine whey are best alcoholic preparations for children. The amount of Alcohol to be given is to be determined by yourself.
If the disease be accompanied with much affection of the throat this claims treatment. Chlorate of Potash acts well. ʒj to ʒij may be given daily. Carbolic acid, Chlorate of Potash Glycerine and lime water acts well; most any of gargles or applications act well. ʒj of Cod liver oil passed over the inflamed part acts well.
If there be diphtheritic exudation use gargles. Sprays or mops of something as Liquor Potassae, lime water, Tinct. Ferri Chloridi, Chlorate Potash and aquae

combined act well etc. If there is [illegible] of breath, the insufflation of Pulverized Salicylate Acid and Subnitrat. Bismuthi act well. Externally compresses kept wet with cold water may do good. Some advise ice to outside [illegible]. If Glandular swellings occur paint with Iodine - if suppurative inflammation ensue poultices or the water dressings should be applied - Otitis and Opthalmia if present require appropiate local treatment in order to prevent permanent impairment of sight or hearing. Arthritic inflammation which is usually mild is to be treated by the application of Anodyne liniments and bandaging. Convulsions are generally due to uraemia

but occuring early in young children, they may be incident to the developement of the disease without denoting a renal complication. Whether Uraemic or otherwise if they continue, the inhalation of Chloroform is indicated; it has given immediate relief and recoveries have often followed. Uraemic phenomena in addition to convulsions, namely Cephalalgia disturbance of vision and coma render prompt measures of treatment vastly important. Saline purgatives or Elaterium are to be employed at once to eliminate urea, and diaphoresis should if possible be produced by the use of the warm or hot air bath, the wet sheet or the hypodermic injection of

the Muriate of Pilocarpin; Vomiting and purging should always suggest the inquiry whether they be not due to uraemia, and if so, they are not to be arrested; Albumenuria and especially a deficiency of urea in the urine should lead to measures with a view of forestalling the effects of uraemia.
Fomentations are to be applied over the loins; the bowels are to be kept open with Saline laxatives and diaphoresis is to be produced. Ergot is thought by some to act well in Albuminuria. If there be a tendency to suppression of urine Colchicum acts well.
As the symptoms present themselves so give your remedies; as if fever

give anti pyretics; if weak and depressed give stimulants etc. and treat complications as they arise. The sequels of Scarlet fever should be guarded against by proper precautions and not letting patient expose self to cold; or be imprudent in eating and drinking and not over-exert mind or body. And thus by paying attention to good hygienic precautions one may ward off the sequelae of Scarlet fever. Though should they occur they should be treated properly.

Malarial Haematinuria

The prime desideratum in the nomenclature of a disease being that the name shall, as nearly as possible be expressive of the pathological condition existing and of the parts involved, I have almost been deterred from making an attempt to write my thesis on the disease which I shall consider in the following pages; since in the perusal of the literature upon the subject I find such diversity of opinion as to the designation by which it shall be known, its etiology, pathology, morbid anatomy, treatment &c, among those of more mature years, more extended and more observations than I have made; however, this an age of adventure, fertile

in experiments of daring in their application; an age of mental activity and intellectual independence; an age in which the "Magnus dixit ita est" paraphrased: "did Magnus say twas fact? then fact it is; no proof so valid as a word of his" has been left in the past — has flayed out. Among the many designations by this affection has been known in the numerous writings upon the subject are the following; Hemorrhagic Malarial Fever, Bran Jaundice, Black Jaundice, Miasmatic Haematuria, Cachaemia Hemorrhagica, Icterode Pernicious Fever, Malignant Congestive Fever, Yellow Remittent Fever, Interior Yellow Fever,

Purpuramic Fever, Yellow disease, Canebrake Yellow Fever Swamp Yellow Fever &c. With this brilliant and formidable array of names, it would seem that some one of them might settled upon by the Profession though in our present state of ignorance of its true pathology, such seems too much of an undertaking. Now, as the name which I purpose to suggest for the attention will only add one more to the already long nosological list which is found in the annals of American Medical Literature, I hope I may be pardoned for this single addition. The name which I propose is Haematinuria, suggested by the result of an analy-

sis of urine made by Prof. Cornell-man of Balti. Md. and numerous other similar results obtained by efficient pathologists.

History —

As far as I have been able to ascertain it was unknown in the United States prior to the Autumn of 1867 — all authorities, whose writings I have had opportunity to examine concur in this statement, save alone Dr. R. A. Gardner, of Cedarville Florida who wrote as follows; — heading his article "Malarial Hæmorrhagia" — He says, "How long the disease under consideration has been in existence I will not undertake to say not having attempted to trace it

to its origin; but I have no doubt that it has occurred at times ever since man has had a being, and has been subjected to the causes calculated to disturb it. I do not agree with those who think it a disease of recent origin. That it has been met with more frequently in this country than elsewhere I will not deny and that too within comparatively few years. The first case known to the "oldest inhabitants," as far as I have been able to ascertain occurred in 1848 in Thomas County, Florida, near the Georgia line, the subject being a Methodist Minister on Leon Circuit. Why it should have been confined to this County so long

and become so common here while other parts of this state and other states were comparatively free from it I do not know I am not able to say and why it has within a very few years enlarged its field of operation I am unable to answer". Within the last decade or two it has been quite prevalent in the states bordering on the Atlantic South of Maryland, in the Gulf States and those of the Mississippi Valley as far North as Md. The first case reported in North Carolina occurred in the Autumn of 1872.

Pathology —

In writing of the pathology of this disease one is confronted by the discourage-

ing thought that the elucidation of the various interesting points connected with it has never been made absolutely certain; though the most interesting task which can engage the attention of the medical Conqueror who enjoy opportunity for its study and there will be the necessary series of careful observations of the clinical history of the disease and the examination of the blood, urine and organs, shall complete our acquaintance with this mediæ enemy, so full of terrible interest, will receive the hearty thanks of the Profession and an honorable distinction. Since, as in many other instances therapy has gone in advance of

pathology, the true principles of treatment being better established than the history and rationale of the pathogenic phenomena: but from the fact that hæmatin is constantly found in the urine of one then a priori it seems that the iron which has been suggested of the bacteria acting directly upon the red blood corpuscles and in some obscure way affecting disintegration of them, setting free the hæmatin which under the high pressure in the renal vessels, due to the congestion of the organ, makes its escape through the uriniferous tubules, where mixes the blood and is discharged in the urine, seems quite plausible.

Further, to show that the change takes place in the blood, we find the serum filling a blister containing the matter, but no discs in it, and [illegible] dyes stained orange colour. —
As it is not purpose to consider fully the history and pathology of a disease to which I can contribute so little to their elucidation I resist the temptation to dwell on the many interesting points which strongly invite discussion. A few words however in relation to one of the most of these, viz. the real cause of jaundice which appears so [illegible] duly, while the liver is [illegible] out bile in profusion, and no discoverable obstacle exists to its

free passage into the alimentary canal, from which it is abundantly discharged both by vomiting and purging — the greater amount in the former way. Theoretically it might seem to be due to the reabsorption of the superabundant bilious secretion from the stomach, intestines and ducts themselves, even though there be no apparent obstacle to its flow; to compression of the bile ducts by the congested liver and thus creating a partial obstruction, so that while much bile passes through there a portion of the excessive kept back ~~that~~ reabsorption; to the production of bile pigment in the blood more rapidly than it can be thrown

out by the actively secreting liver; to a disturbance of the hepatic circulation, attended with increased blood pressure on the side of the hepatic artery and portal vein & diminished pressure on the side of the hepatic veins, which would naturally cause a portion of the bile to be taken up by the radicles of these vessels from the secreting structure of the liver and conveyed to the tissues, through the general circulation; to hematin which has undergone spontaneous change in the circulation, such as we see in the yellow rings or shadings which appear with subcutaneous extravasation of blood. But sec-

holds the true key to this problem, certainly that which seems best to accord with the phenomena of the disease, may be found in the following passage from Niemeyer's Chapter on "Hæmatogenic Icterus." The views regarding the occurrence of jaundice without retention and reabsorption of bile have totally changed since the observations of Virchow and Kuhne have shown that bile coloring matter may be formed from the fixed coloring matter of the blood without the action of the liver, and that we may induce artificial jaundice in an animal by injecting substances that will dissolve the blood corpuscles. There is now no doubt

that some of the formerly enigmatical forms of icterus are due to the disintegration of blood corpuscles, and the transformation of the blood coloring matter into bile coloring matter. This is particularly true of those cases of icterus occasionally caused by poisoning from Chloroform or Ether; for an experiment proves the substances possess the power of dissolving blood corpuscles. The mode of origin is very probable, though not absolutely proved. For other forms of jaundice may be accounted for in the way as that occurring after snake-bites, that observed constantly in yellow fever, quite often in remittent (malarial) fever, septi-

lamia and puerperal fever and more rarely in other infection diseases and acute diseases accompanied by severe fever". The destructive action of the "malaria-poison" upon the blood-discs being admitted, and if we admit that under such intense and concentrated action of the morbific agent, as that which induces an attack of Malarial Haematuria — the destructive action being rapid and extensive — the applicability of the above views to the production of icterus occurring in this form of disease becomes at once obvious and the relationship between that symptom and the haematuria receives important elucidation. We are in-

debted to Prof. Joseph Jones, of New Orleans, for the first pathological description of the kidneys in those who succumbed to H. fever. He has, he thinks, worked out the true pathology and has illustrated his description with lithographs, which, if not executed in a high style of art, bring forcibly to the mind the gross appearances of the kidneys. He says, "When sections were made of the kidneys of those who had died in the acute stages of malarial haematuria, the cortical and medullary portions presented a deep purplish-red and bloody appearance. The color was deeper in some portions than in others, resembling circumscribed effusion of dark

blood. In many cases all portions of the kidney were altered in appearance and the tubuli uriniferi, especially at the termination of the pyramids could be seen, resembling dark lines of coagulated blood. Microscopical examination of sections, with Valentin's knife, revealed the fact that many of the tubuli uriniferi throughout their entire extent, were filled with coagulated blood. The hemorrhage appears to have taken place through the Malpighian tufts chiefly; still on no blood was effused around the tubuli uriniferi. It would appear that during the prolonged cold stage the kidneys became congested in a manner similar to that which occurs

in the spleen. During this congestion rupture of the blood vessels of Bowman's capsule occurs; such rupture being mainly due to their anatomical structure and the great tension of the walls due to increased blood pressure. When from any cause blood coagulates in the tubuli uriniferi, their function as excretory tubes is destroyed and the extent of their impairment of their function would seem to bear a direct ratio to the gravity of the case. The ground cause of the severe dangerous and often fatal character of malarial hæmaturia will be found chiefly in those structural alterations of the kidneys. The albumen in this form of disease is ex-

exceedingly superficial generally around the appearance in some cases of tumors staining albeit with a brush to the surface. Points of puncture with a hypodermic needle and abrasions of any kind will be found stained yellow or lemon colored.

Etiology —

As diversified as is medical opinion upon other points, all seem to concur in the belief that it is of Malarial origin, as to which.

Diagnosis —

This form of Malaria differs merely in degree from the ordinary Intermittent and Remittent Fevers, save in the icteric discoloration of the tissues, carmine discoloration of

the urine & some few points in pathology. Having seen one case one would commit an unpardonable wrong by failing to recognize a second, so characteristic are the physical signs.

Prognosis —

The prognosis is always grave; though it is dependent in some degree upon the skill and experience of the physician and upon the powers of the patient's resistance and the progressing effects of the disease — there being some cases which prove rapidly fatal when in the hands of the most skillful practitioner. —

Treatment —

The three salient points in the treat-

ment are (a) the prevention of the return of the paroxysm (b) the quieting of the stomach and (c) the support of the patient. The patient should be brought speedily under the influence of quinine, which is preferably administered hypodermically as soon as you see the patient, and then, if the stomach will retain it, you should give by the mouth large doses for four or five days or you may continue throughout the attack to use it hypodermically if nausea and vomiting persist. When done the first indication for treatment will be met. The second indication for treatment should be met with a blister over the epigas-

trium and a laxative of the following composition:

℞

For a single dose:

Hydrargyri chloridi mitis	gr. v
Pulvis Rhei	gr. v
Sodii Bicarbonatis	gr. xx
Acidi Carbolici	gr. ½

M. in bibo —

Further indications for treatment should be met by measures which the exigencies of the particular case may demand. The diet should be nutritious and prepared in the manner best tolerated by the stomach of the patient. When the paroxysms have been arrested and convalescence established a tonic of Iron, Quinine and Nux Vomica will be advantageously given

I hereby append a synopsis of the last case of the disease treated by my father, a physician of 32 years experience and who, living a section in which it has occurred more or less frequently in the autumn of each year since 1872, has treated quite a number of cases of this disease, and at my request has furnished me with the following.

Minnie A. — aet. 12 — a blonde — had enjoyed good health from birth to time attack in August 1886; was well developed for a girl of her age: the daughter of a farmer who had during the winter before built a residence in the midst of the woods and distant four or five hundred

yards from a large Mill Land covering several hundred acres of land, cut down and killed the trees and turned up the soil all around the house. To the north of the house, the distance of a hundred yards is an open field which extended to the borders of the pond. Several members of the family suffered from intermittent fever of a mild type during the Autumn. Minnie had had four or five attacks at irregular intervals from August to December 17th 1886. Each attack was temporarily arrested by quinine which was purchased and tendered by her father, a man of but limited attainments. On the 17th of December at 1 P.M. she had a chill which last-

ed three or four hours. At 5 P.M. her mother discovered the dark port-wine-looking urine as characteristic of the disease. Her father came for me at 7 P.M. — Being unwell and the weather very cold I did not go at night — but sent the medicine, pills containing sulphate of Quinine — 8 grs. and directed eight grains to be given every two hours until forty-eight grains had been taken. Found the case at 10 A.M. on Dec. 18th — all the pills had been taken and retained with the exception of one dose. Surface of patient and the conjunctivae of a deep icteric tint — much nausea but very little vomiting as yet — very weak and restless — bowels torpid

tongue coated from tip to base with a thick greenish fur — temperature 103½°F. — pulse 110 per minute — loud bellows murmur over cardiac region — a quill adhesive was given and the quinine continued in diminished doses — applied a blister over epigastric region. Saw the case at 10 A.M. on the 19th. — Bowels moved twice — nausea not so great — temperature 100 — pulse 100 — skin perspirable — blister discharging freely yellow serum — repeated the cathartic — and continued the quinine in small doses. At 10 A.M. on the 20th. found the icteric hue of the surface rapidly disappearing — urine much lighter in color — nausea and restlessness gone — fever gone —

patient more cheerful — appetite returning & took some nourishment with relish. On the afternoon of the 20th. urine lost all blood appearance and was rather of a milky appearance. On the 21st all symptoms much improved — On 22nd Patient discharged urine, as clear as spring water — complexion as fair as before attack — appetite and digestion good — bowels regular — She was given a ferruginous tonic — Convalescence went on steadily and rapidly. She has been at school since the middle of January and now looks as well as she ever did. Two other cases of this disease occurred in my practice in the Autumn of '86; were

treated in a similar manner and made similar speedy recovery. —
The following are the results obtained by Prof. Cornelisman of Balto., Md. in the analysis of specimens of urine collected from Minnie A— on consecutive days of her attack:

(1) Urine passed on first day was red, of a dilute carmine color, containing very little sediment. Examination with nitric acid, showed abundance of albumin. Examination with microscope showed no red blood corpuscles. At bottom of bottle there was a slightly brownish layer which appeared to be merely mucous. By heat, acetic acid

and chloride of sodium numerous crystals of hæmatin were found.

(2) Urine on second day transparent very much redder than that of first day, contained but slight amount of sediment. Examination of which gave similar results – hæmatin crystals being found but no red blood corpuscles.

(3) Urine of third day displayed but little case in the amount of sediment, which was in excess and which contained some kidney epithelium

(4) Urine of fourth day was pale, contained a large amount of albumin, hyaline and epithelial casts.

Thesis on Malarial Cachexia
by
Robt. W. Thomson of Va.

Thesis on Malaria & Fa

by

R. W. Thompson

FEB 16 1942

The Dean's office states that this man failed to graduate from the University of Maryland, College of Physicians & Surgeons
or
Baltimore Medical College.

Ruth Lee Briscoe.
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Gonorrhoea

Gonorrhoea more commonly called Clap is a contagious inflamation of the mucous membrane of the genital organs of both sexes. It usually makes its appearance from the fourth to the Eighth day after exposure but this time may vary. The first symptoms are tickling and stinging of the Urethra its lips become swollen & red. Also a slight mucus discharge will make its apearance. After a few days the Urethra will become painful on Micturition which pain in many cases becomes very severe. Patient may often pass two or more separate streams

which is due to the irregular contracted state of the urethra the size of the stream is also diminished. the discharge becomes more abundant and of a yellow color and is often mixed with blood. this disease spreads along the canal and may set up inflamation of the Glans & the glands in the groins are often affected and become swollen and painful which is aggravated by walking or in any way taking violent exercise. Painful erections oftentimes occur in which the penis is sometimes curved downward and also may be curved to one side, the testicles often become involved and become tender and very painful

The urinary organs may become affected causing retention or partial retention of the urine which causes most extreme pain. The bladder may also become involved causing patient to pass water frequently as much as every hour and with great pain to the unfortunate one suffering from this complicated state of affairs. The testicles of men & the ovaries of women often occurs. The perineum is often attacked with shooting pains which causes tickling about the anus. The groins are often swollen and tender upon pressure. The lymphatic glands may become swollen causing pain. bubo which may or may not go on to

suppuration. Phimosis may occur but is not very frequently seen. Hemorrage from urethra may occur causing great alarm on part of patient but can be easily stopped by pressure. After abatement of the Inflamatory stage abates if not cured a mucopurulent discharge remains which is very much exgravated by use of alcohol. the abundant use of tobacco should also be suspended When a thin obstinate discharge is present it has passed into a stage called Gleet which in many cases is never cured. In such cases stricture should be suspected and treated as such

In women it is called Specific Vaginitis which case it attacks the Vulva, vagina + urethra, causing inflammation of these organs which contagion causes a discharge like that of male Gonorrhea the Patient has a scalding sensation on the passage of urine great pain and heat in the vagina severe pelvic pains are often if not always present. The purulent matter when allowed to remain in the vagina makes it intensely sore and tender to the touch by its action on the mucus membrane It also cause a great amount

of mucus purulent matter
to be secreted which if
unchecked goes on from bad
to worse and may go so
far as to produce Pelvic Peritonitis,
abscess of the vulva, Bubo and
in some cases has been known
to cause pyaemia so as to
be the cause of death. But
fortunately it generally limits
itself to the less important
organs the Urethra Vagina and
Vulva the pus in these cases
is of a thick yellowish white
color. and if patient be careless
and get some of the matter in
her or her eyes it may set
up Gonorrhoeal inflamation

in Purulent Ophthalmia which is a very mischevious and dangerous eye trouble therefore patient should be cautioned against dirty fingers nuf dirty towels and also keep things separate from rest of family as the poison is readily communicated from one patient to another. An attac of gonorhoea if properly and carefully treated may be cured in from ten days to two weeks. but may run on for a much longer time as much as it has been known to last years in both males & females with a continued flow of muco purulent matter

It is supposed by some to be never cured and if cured at all in a very few cases which may at any time break forth in its most active form and under the life of a woman miserable whose husband has previously had gonorrhoea. Some authors say these women rarely produce children and if they do only one. and that gonorrhoea causes a great many abortions but this is to a certain degree disproved if this would be true a healthy woman would be hard to find or to say the least for the larger portion of women would not be

healthy. After an attack of Gonorrhoea, rheumatism often follows which is said by some to be due to the copaiba always given in this affection but this is not the case as rheumatism has been known to follow when no copaiba had been administered during the whole attack. If stricture be present — it should be treated by repeated dilatations with large bougie also look after patients general health as this state may go on from bad to worse and finally result in uremic poisoning or metastatic fever. but stricture is not apt to occur in first

Heat of Gonorrhea. The treatment of Gonorrhea should be commenced with the use of mild injections Bowels should be kept open. In acute stage use mild injections into the urethra which should be thrown in slowly and gently. Strong solutions often set up more mischief than they do good and therefore should not be used. The weak solution should be used frequently through the day and if care is taken No use whatever of alcoholic liquors. Excessive smoking should be suspended. Plain diet the patient may eat the attack short in from Three to six days

If patient cannot sleep it should be procured in all cases by the use of anodynes. If the patient suffers from pain in the perineum and great pain when urinating leeches or blisters applied to the Perineum may be of great service. After acute stage has subsided the remedies for internal use are Copaiba Cubeb and oil of Sandal wood. Balsam Copaiba and Cubebs are often combined. Also is Oil Sandal wood Cubebs and Copaiba but these agents should not be used in acute stage. The application of cold water or ice will often relieve painful-

urethritis or chordee. If Patient take one drop of the Tincture of Cantharides daily, he will have no chordee. Hemorrage from the urethra may be checked by the application of cold and pressure but hemorrage does not occur in the larger number of these cases. Sulph Zinc is a good injection made in the strength of one grain to the oz of water a few grs of watery extract of opium may also be added. Another good injection is Sulphate of Zinc, Gum acacia, Sub nitrate Bismuth a water the object of the Bismuth is to protect the urethra from the scalding effects of the

urine. If it runs on to effect the tincture of Chloride of Iron may be of great use, especially if the patient be weak & anæmic give it in ten or fifteen grain doses three times a day well diluted in water after meals. Glut may also be treated by repeated dilatation by large Bougies but often the Injection of Sub Nitrate of Bismuth a dram to oz of water with sulphate of Zinc will suffice. Golden seal or Hydrastis canadensis one ounce to pint of water is highly recommended by some practitioners.

Cholera Infantum

Was induced to select for the Subject of the Thesis which I propose to study, the disease named above, both because of its universality in almost every town & City of the United States, And the painful prominence it has attained as one of the most fatal diseases to which childhood is heir. It is difficult and I fear impossible as yet to name its most favorite locality, Since its ravages are experienced alike, on the Atlantic border, the Pacific slope, the Cities and towns bordering the Gulf of Mexico and the Lakes of the North, Although it may be safely asserted that its greatest activity is exerted in latitudes of hot and varying temperature, Before I make any attempt to define the aetiology of, or prescribe the

the proper treatment for this disease I must beg leave to state that to do so correctly or satisfactorily would require larger experience, and a greater talent for observation than I possess, and as I feel confident that any opinion or speculation of mine will be as useless as it might be visionary or erroneous, shall confine myself to the discussion of such facts and circumstances as have fallen under my own immediate observation or gleaned from the teachings of my honored Preceptors.

Cholera Infantum usually makes its appearance about the beginning of summer, and last until the decline of fall although its greatest intensity is during August & September, so prevalent is this disease in my native city (Richmond Va) during the months named above, that it seems it

not contagious, to be at least
Epidemic, the age of
one year to five or six, chil-
dren are most liable to be
attacked, and as a general
rule it makes its attack very
gradually, manifesting itself
by irregularity of the bowels,
which as the disease progresses
settles at last into a most ob-
stinate and persistent diarrhoea
If however this condition of
the bowels were the only mani-
festation of the trouble Cholera
Infantum would be robbed of
its horrors but unfortunately
other symptoms soon appear,
the child becomes fretful, its
lips are dry, its hands feet &
head are hot, the face flushed
the pulse rapid, and the tongue
red, as a general ~~rule~~ during a
slight chill precedes this condition,
after one or two days the fever
hitherto had been constant, perceptibly
loses that feature, & now assumes
the characteristics of an ordinary

intermittent fever, complicated however by frequent watery stools [illegible], great thirst and most persistent vomiting, the matter ejected from the stomach is very seldom other than undigested food, or the tea taken to assuage the burning & constant thirst, while the discharge from the bowels are sometimes more or less bilious, sometimes tinged with blood or mucus, and at others resembling the washings of bacon to which they have been most aptly compared, this state of the bowels often persist with such inveteracy as speedily to reduce a hitherto strong & healthy child to the most alarming condition of emaciation, and when it is remembered that there exist at the same time such an irritable condition of the stomach, as that no article of diet can be retained for a sufficient length of time to afford any nutriment

to the system, it will at once be seen why this disease should be the instrument of hurrying such multitudes of children to early graves.

In treating of the causes of this disease, I am aware of the fact that great diversity of opinion exist. Some assign as the most potent factor in its production, the relaxation of the system resulting from the extreme heat of summer. Others again with equal ingenuity of argument & plausibility of theory, ascribe as its cause irregularity of diet, either as respects its quantity or quality, or both. In some instances it may arise from exposure to cold, as when sudden variations of temperature occur, thereby driving the blood from the surface & giving rise to more or less internal congestion, a condition favorable to the production of the disease.

A few years ago Prof O. S. Munson of the Medical College of Va, in an article upon this subject urged with no trifling logic, and I think with almost-convincing reasoning its close affinity to autumnal remittent fever, at least that they were referable to the same cause. (Malaria) It may be safely assumed perhaps that all of the causes which I have named, lend a helping hand to produce this disease. It cannot be doubted I think that the condition of the atmosphere where cholera infantum flourishes most exerts no inconsiderable influence in its propagation, In pure air where ventilation and cleanliness are attended to, it rarely extends beyond the individual in whom it first originates but in a vitiated atmosphere, loaded with noxious effluvia

as the excretions of the human body, especially where many persons are crowded together in small apartments, Cholera Infantum communicates itself to great numbers of those children who may be exposed to its influence, No other proof I think is necessary to establish that vitiated atmosphere exerts a powerful influence in causing the disease, than that it is rarely found to flourish elsewhere than amidst an urban population;

In the treatment of this disease our first effort should be directed to the control of the general febrile excitement, and thereby to remove the irritations of the intestinal canal, Hence it would be proper to administer in small doses of Calomel in combination with Ipecac and Bicarbonate of Soda, with the [illegible] from the

Alimentary Canal all offending matter, and at the same time to lift the blockade of congestion both from the liver & portal circulation, When the bowels by these methods have been thoroughly evacuated, If the fever continues, small doses of Liq. Amm. Acetatis with 3 fls of Nitre may with great advantage be given for the purpose of inducing perspiration and determining the blood to the surface of the body, Should the temperature reach a high point the best method of reducing it would be a bath, temperature from 75° to 85° & repeat. Should the fever again rise sufficiently high to require it, Should the fever be characterised by periodical exacerbations & remissions, Quinine would seem to be the agent capable of producing the best and most prompt results, to be administered during the intermissions or remissions as the case may be

and combined with small
doses of Dovers powder,
should it induce undue
excitement of the pulse, or
seem to exert a deleterious
influence upon the bowels,
as I believe to be the case,
when by the method indi
cated, the fever should have
been controlled, stimulants
may be given in the form
of Brandy, whiskey &c. in
small doses & properly di-
luted for the purpose of build-
ing up the system, But
should the irritations of
the intestinal canal ~~to~~
continue after the febrile
symptoms have been re-
moved, Chalk mixture in
combination with the alkaline
syrup of Rhubarb & Cam-
phorated tincture of Opium
would no doubt be most
advantageously prescribed,
In cases where the diarrhoea
is attended with b[illegible]

Severe griping, and the alvine discharges are tinged with blood, as not unfrequently happens, small injections composed of starch or mucilage of acacia, with Laudanum are more effective in relieving the sufferings of the child, than anodynes administered by the stomach, while they are less apt to disturb the functions of that organ. Conditions may however arise where it may be necessary to resort to astringent remedies & powerful ones too to prevent the patient from dying from exhaustion resulting from the repeated and copious discharges from the bowels, the most reliable remedy when this condition exist, is Tannic acid & glycerine or Aromatic Sulphuric acid given at intervals of a few hours, For that most distressing

Complication and almost constant concomitant of this disease, excessive irritability of the stomach causing the almost instantaneous ejection of every article of food or medicine, a formidable array of medicines are recommended by their various advocates, among which may be mentioned as deserving of trial, if not commendation, Ice in shavings, or in Champaigne, small doses of calomel, lime water & milk, Sub nitrate of Bismuth combined with pepsine, Opiate of Latium, All rational methods should be tried before abandoning the case as hopeless.

The diet in the treatment of Cholera Infantum is of prime importance, since it plays such an important part in its cause as well as cure, In early infancy milk should take the first rank,

and it should be fresh and pure & if not readily digested and assimilated, it should be tried boiled & peptonized which renders it more digestible & readily assimilated, But in cases where the stomach cannot be made to retain food, the same may be administered per rectum by being properly prepared, Millers food is a comparatively new preparation which seems to command, as well as deserve, the highest place in the estimation of Physicians, Valentines meat-juice is said to exert a most benign influence upon the Stomach, In short the diet should be selective with a view to its concentration, as well as freedom from all ingredients liable to excessive fermentation, at the same time it should be of such a nature as to render it easy of

digestion and assimilation. But of all the remedies prescribed, either for the purpose of preventing, or of curing this disease, there are none perhaps so effectual as removal to the cool & pure air of the country, particularly near the sea shore. The atmosphere is not only cooler, but in a peculiar manner restores the appetite and strength of the patient.

It will be observed that in the writing of this article, I have attempted to avoid the error of didactic or authoritative assertion of either fact or theory, because fully conscious that I must long remain a student, ere I can hope to become a teacher of those hidden and sublime truths, which are only "revealed to the wise and prudent", Sincerely and honestly

For the acquirement of this knowledge, I enter the shrine of your University, and after listening to the words of wisdom & truth which have characterized the teachings of my honored preceptor, I feel confident that by close application I may some day obtain it.

C. G. Woodson

Thesis
by C. G. Woodson
Cholera Infantum
1887

Acute Rheumatism

Thesis

by

George B. Young

Feb 14th, 1887

Acute Rheumatism

The usual course in commencing a Thesis is, I believe, to give an accurate, scientific definition of the malady chosen for its subject and a full account of its causes. This is generally not difficult for the student has ~~generally~~ had to consult some standard medical dictionary, copy the statements thus made and then proceed ~~with~~ in his work with the same satisfaction that if, as is probably the case, the Faculty read but the opening lines of his essay they will be sufficiently impressed with his

condition - In the case of my chorea-
ridden, however, this rainy weather
will not answer - That rheumatism
is an acute inflammatory manifestation of
a constitutional state seems to
me the usual view but as to
what that constitutional state
may be, or what is its cause there
is the greatest diversity of opinion.
Most commonly it is felt to be due
to some positive material deri-
vative in the blood. One of the
immediate products of tissue
change which, owing to some
interference with the nutritive
and eliminative processes, accu-
mulates in the body. This

[illegible] to be [illegible] by the fact that man [illegible] with [illegible] conditions, seem to [illegible] [illegible] toward [illegible], and [illegible] [illegible] — prolonged lactation, [illegible] [illegible] ~~[illegible]~~ On the other hand we have the fact that this disease is most common during middle life, [illegible] old age — ~~although~~ the same causes act upon the organism when in [illegible] of resistance [illegible] [illegible] [illegible] — [illegible] is comparatively rare — [illegible] [illegible] [illegible]

[illegible] Rheumatism [illegible] observers hold that the changes in [illegible] [illegible] [illegible]

to acute rheumatism are produced by injuries to nerves and still other observers have ascribed the disease to that popular scape goat for our ignorance - a germ. Those who hold to the view that the disease is due to accumulation of some morbific material in the blood embrace the largest part of the profession and the material in question is usually held to be lactic acid, while some have held it to an excess of sulphur while others say it is a variation in the normal proportion of blood salts. The lactic acid theory is supported by the fact that lactic acid is one

of the chief results of acid indigestion and the subject of the forms of gastric disturbance are peculiarly liable to rheumatism. Again the production of lactic acid is increased by active muscular exercise & its elimination is checked by ~~such~~ a sudden chilling, while clinical experience teaches that attacks of rheumatism are frequently liable to follow chilling after ~~exercise~~ — In addition to the foregoing and the ~~foregoing~~ fact that in rheumatism the blood is less alkaline that is normal it is urged that the experimental injection of lactic acid will produce endocarditis

This latter statement however, has been contradicted of late by Kelsey and others - In fact the cause of the disease is seems certain that a marked hereditary tendency often exists and that living in damp or badly drained localities or in persons to cold increases the liability to it - It has however been pointed out by Barthalow that the disease is very frequent on the high dry table lands of New Mexico and have myself seen a good deal of it in the mountainous regions of Colorado in an atmosphere singularly clear & dry -

Morbid Anatomy

The statements about this are

nervous as the veins on compression. The blood is diminished in quantity, coagulates with great rapidity, and contains an increased % of fibrin and a diminished number of red corpuscles. – The synovial membranes of the affected joints are usually infiltrated to a greater or less degree, the joint fluid is increased in amount and often blood-stained by hæmorrhage of injection of fibrin and in [illegible] of changes in the membrane, coinciding with those in the [illegible] extremities of the brain. Thrombosis are described by different observers but Goodhart states that in

some cases – altho' the swelling has been gradual very evidently – in others can be mistaken for death –

Symptoms

There are usually a variety of premonitory symptoms such as a feeling of uneasiness or restlessness – a feeling of weakness, hysteric symptoms, sighing, tingling feelings in the joints about to be affected &c. There may be slight chills followed for a day or two ~~before~~ [illegible] to [illegible] the joints involved [illegible] a [illegible] feeling of weakness in some cases [illegible] – –

occasion [illegible] preceded by a chill or succession of chilly sensations, [illegible] be a marked rise of temperature than are met in a cold tongue, anorexia, constipation and thirst. The pains of rheumatism in the joints first involved is usually an acute pain - They will usually, tho' not always, be swollen, red and hot, and fluctuation can sometimes be made out in them - The pain increases until the patient will sometimes scream at the thought of being approached or touched - The ankle joint is usually first involved, then the

[illegible], elbow &c. The hip and knee are less frequently affected in the spring, but slower pain is frequently of all. The disease is often remarkably symmetrical in its progress, jumping from one ankle to the other, from one knee to the other and may return to the first point of attack after having passed the circuit of the other articulations. The most conspicuous symptom is the high temperature. This may usually 101°-102°, rarely exceeding 104°-105° but occasionally going to 107° or over. The pulse rate is often above the normal ratio to temperature, due prob-

-ably to the pain - The fever may remit from time to time but a complete intermission is a bad sign as it is apt to be followed by a relapse or increase in the violence of all the symptoms. The fever terminates by resolution by crisis and sometimes lasts so, with depression as soon, rarely with sweating and so high and the disease rapidly proceeds to a fatal termination. The diaphoresis is very frequent the sweat having an acid smell and reaction and as a result of this sudamina are often present. The urine is scanty - high colour - strongly acid and loaded with

cardia — It may contain a little albumen. Sometimes there are eruptions such as Herpes, Urticaria, Miliaria &c. — Flies are most numerous and nothing but exceptionally in drunkards very little delirium. Its presence in those not hard drinkers is usually a grave symptom —

Diagnosis

The diagnosis is not at all difficult. It may be confounded with Typhoid Fever, but it is easy to distinguish it. The diseases with which it might be confounded are Gout, Pyaemia and the Arthritic troubles of Urethral Fever. It is readily distinguished from Gout by the fever

and severe & in a complicated way by the cardiac symptoms. In Pyaemia you would probably have the history of some focus of suppuration, the irregular sweating, ~~and~~ the sweet smelling breath, the recurrent chills and the symptoms of pneumonia. An attack of rheumatism might co-exist with an urethral discharge and thus complicate the diagnosis but the differentiation should easily be made by remembering the uni-articular character of urethral fever and the absence in it of high temperature

<u>Course</u> - <u>Duration</u> - Complications and <u>Terminations</u>

Rheumatism has a natural tem-

dency to recovery if left alone but it can not be called a self limiting disease in the sense of being to terminate within any given time. The duration in uncomplicated cases depends on the number of joints involved, the power of resistance of the individual, the method of treatment &c. The first attack is usually longer than the subsequent ones, lasting from two to six weeks with an average of between three and four in the former case and from one to three, with an average of two in the latter. The course is very capricious. Some cases with the best of care and

only involving a joint or two will hang on for weeks while others up to themselves get well in from fifteen to twenty one days. Sometimes the symptoms recur with increased violence just when convalescence seems assured, or the fever may subside and the [illegible] persist. — The death rate in uncomplicated cases is said to be only 5 p.c. [illegible] the injury to joints is very permanent. — The great dangers to be feared are the [illegible] complications such as pleurisy, pneumonia [illegible] meningitis may [illegible] the heart valves

are vastly more important, both from their greater frequency and the danger of permanent injury to the valvular apparatus - Endocarditis - Pericarditis - Myocarditis and even Ulcerative Endocarditis may occur at any time during the course of the disease and may even antedate the appearance of joint troubles - lesions which are held as the frequency of the complication - some say that five to seven, others from fifty to seventy five o/o are so affected. It would seem that the o/o is higher in hospital than in private practice and in youth than in more adv.

[illegible] one of these complications is the same as when the ocean is ravaging, the great dangers being the injuries to the valves in Endo-Carditis, the very profuse effusion in Pericarditis or the delay's absorption of a slight effusion which of course in blood-ation into Cavities death will spending [illegible] - [illegible] - certain occurrence of Rheumatism is cons but no explanation seems to have attempted of its modes of production - When death does occur in an uncomplicated case of rheumatism it is due to the hyperpyrexia and it seems

of observers pin their faith on the alkaline treatment, another on the salicylates or iron. One says the patient should be kept "between sheets, rather cool", another says [illegible] the [illegible] the pain but tends to lessen the chance of complications and change the reaction of the urine, others advise the [illegible] but deny the other good effects — [illegible] extended experience has [illegible] many of their predecessors — the

[illegible]

[illegible]

with the same means - The scope

[illegible]

[illegible] suitable -

[illegible] - The patient should be protected from draughts; the affected joints wrapped in cotton wool or bathed with anodyne fomentations

in this unless to avoid pain, [illegible] inconvenience and the tendency to constipation [illegible]).

The third but flabby class of patients the minimum dose of [illegible] seems to give the best results – The salicylates are adapted to the strong and robust class of patients but it should be noted that after reducing the pain & temperature by large doses the drug should be continued in smaller doses to obviate the tendency to relapse. The [illegible] is especially fitted in the young [illegible]

[illegible] - [illegible] the [illegible] [illegible] may be [illegible] the application of [illegible] blisters around, but not immediately upon the joints - [illegible] or [illegible] should be used in sufficient quantity to counteract the [illegible] and if [illegible] [illegible] [illegible]

bowels should be moved freely and the greatest care taken with the diet which should be gradually increased to normal.

Very respectfully
Geo. B. Young

Thesis

Acute Lobar-Pneumonia

James A. Zepp

Maryland University Hospital

1887. Baltimore Md.

Lobar Pneumonia

And Lobar pneumonia is a sudden febrile disease with a local inflammation of lung tissue, characterized by hyperaemia or over accumulation of blood. The exudation from the pulmonary blood vessels and bronchial arteries fill up the alveoli and ultimate bronchi so to render them impervious to air, and bring about such a condition called infiltration. It occurs most frequently in the lower part of right lung, next in frequency in the lower part of left lung, next in apex of right lung and last in frequency in apex of left lung. It may involve one lobe or a whole lung or both lungs

%, bulbar form does not occur in more than 12 %. and is followed by the greatest mortality. It is more frequent in Senile than in adult life.

Aetiology.- The true cause is not yet thoroughly determined. Among the predisposing causes it is ascertained that age ranks first, and the periods of life in which this disease is most common are three in number viz Early childhood, 2nd between the ages of 20 and 40 years, and in old age, say after 60 years. % of all deaths after 75 years are said to be from pneumonia, as regards sex both male and female are equally attacked under the age of 3 years. Between the years of 20 and 40 the disease

in females predominate, some say in proportion of 2 to 1 others from 3 to 1. After the age of 60 years there is a remission among males, females being nearly as susceptible to it as males. It seems that no peculiar vocation predisposes one to this disease, but a larger percent of those who are engaged in out door work and are subjected to all conditions of weather are subject to it than those whose work is indoors, which shows that cold and dampness and the general vicissitudes of weather have some effect in producing it. The strong and the weak are equally liable to it. Poverty, bad atmosphere and unhygienic conditions generally are some causes that produce it.

Continued pulmonary hyperæmia either from heart trouble or from hypostasis induce it. It may be brought on by injury to the chest, or arise from traumatic fever. It is not known whether alcohol acts directly in producing it, or whether it may not be the result of abuse, or exposure to cold, dampness &c., which is more or less incident to intemperance or debauchery. Cold it is said does not increase the rate of pneumonia except in the old. The extremes of temperature has very much less influence than a changeable one, hence it is said to be less prevalent during the months of March and April than any other. Flint records 19 cases in

Buffalo N. Y. occurring during the months of the year as follows: "January 9, February 2, March 13, April 9, May 3, June 3, July 3, Aug. 0, Sept. 0, Oct. 1, Nov. 1, Dec. 5." He also says: "The disease occurs in the Middle and Southern States much oftener than in the Northern. It prevails more in some years than in others. In sections of the Southern States it prevails at times sufficiently to be called an epidemic. It is emphatically the prevalent disease during the winter months in these states, and affecting especially the Negro population. It is a severer disease in the Southern section of the country than at the North, being more liable to extend beyond

a single side, and proving fatal in a large number of cases. In a large proportion of cases of acute pneumonia the disease is developed spontaneously." Jaccoud says: "Its Aetiology shows that it is a disease predisposed to by all things that depress the vital powers, children and the aged are most easily depressed by the intense cold of winter, and the chilling winds of March and April. In Europe it is often called the May Epidemic.

Pneumonia is unknown in the tropic regions. Elevation above the sea seems to predispose to it. Both in hot and cold climates, North and East winds seem to favor its development. Rainy seasons do not influence the

the pneumonia rate to an appreciable degree, nor do damp or marshy districts, but both have a marked influence on Bronchitis and other acute pulmonary diseases. It is a well established fact that pneumonia occurs oftener among the poor than the rich, the private soldier than the officer, the sailor on shore than on ship, the soldier oftener than the civilian at the same military post. All these are explained by the better hygienic surroundings of the one class than the other."

Morbid Anatomy: - Anatomically the changes in the lungs are of two kinds viz: 1st Congestion or Engorgement, 2nd Consolidation or Red Hepatization

3rd Gray Hepatization.

4th Resolution.

In the 1st Stage the part of lung involved is not entirely airless, but is deeply congested, and when a piece is put in water it will float, but its weight is increased and it is more easily torn. An exudation of lymph is seen on inner surface of vesicles but not enough to close them, its color is of a dark brownish red, its resiliency is lost. Physical signs of 1st stage, they are present very early in the disease, after the invasion, inspection, &c. Lung only is affected the movement of the healthy lung is normal, but that of the affected side is very much suppressed but if both sides are affected the movement

on both sides is restricted, and the chest movement is less than in abdominal movement. Palpation, local fremitus is markedly increased over the affected side or sides of course the more the congestion the more the local fremitus. Percussion, over the part affected the percussion sounds are slightly duller, but this is best observed at the close of this stage. Extreme dullness is not often observed in this stage. Auscultation, Fine crackling sounds are heard during this stage over the affected part during inspiration, and these sounds resemble those made by rubbing a lock of hair between the fingers. and it is called "crepitant rale."

Bristowe says: "Fine crepitation may

[illegible] inspiration and [illegible] [illegible] expiration. This stage." Gault says: "Bronchial breathing may be heard in this stage." Gault's Anatomy of 2nd stage. In this stage the lung is red, and cut surface resembles liver tissue and presents a granular appearance or mottled appearance. The size is often increased owing to the alveoli being filled and even distended with exudation. The affected part in this stage is heavier than normal lung as it contains no air and will sink readily in water. Physical signs of 2nd Stage. This stage should be easily recognized. In operation, the movements of the affected side is less susceptible than in the 1st stage. In fact the [illegible] are no more [illegible] at all. [illegible]

[illegible] no [illegible] Respiration. The hand applied to the affected part [illegible] discover [illegible] cause no [illegible] sensation. Percussion, Dullness has gradually increased over the affected part, anteriorly, posteriorly and laterally, the limit of which can be easily defined, Auscultation, "In avoid the stage [illegible] history filled with the exudation characteristic of this disease, and therefore air is entirely excluded from the air cells, hence the crepitant rales of the 1st stage cease to exist, and in its stead we hear well defined tubular breathing, or bronchial respiration, which is more marked in this disease than in any other, but if one of the bronchial tubes becomes closed, this form of breathing will stop

and a spasmodic attack of coughing may relieve patient. Dullness may also be found over the affected lung. Pectoriloquy may be easily found, also dilatation of 3rd Stage.

The 2nd stage gradually merges into the 3rd stage and hence there is very little difference between the early part of this stage and the last part of the preceding stage. If a portion of the lung be cut it will present a gray or reddish gray appearance. This is an important stage for it may determine the cause of the disease and the probable chances of life. It may terminate in resolution, which is a favorable course, as the exudation is either absorbed or expectorated and the lung again returns to its

normal condition and the patient recovers. 2nd It may terminate in suppuration or purulent infiltration. The exudation is neither expectorated or absorbed, consequently the walls of the alveoli become distended and finally rupture, 3rd Abscess may be a termination, that is purulent infiltration may develop into an abscess, by the giving away of the septa of the alveoli, these abscesses may be very small or very large and not defined. By the running together of several small ones a large one may be formed, these abscesses may break into a bronchial tube and their contents find exit, or may open into the pleural sacs, and cause pyo-pneumothorax, or they may open

exfoliated, or they may cause external fistulous openings, with gangrene sometimes but very seldom the termination of pneumonia. It is said to occur sometimes when there is great weakness and in septicaemia. The gangrenous lung is said to swarm with bacteria. The breath is always fetid. Septic pneumonia is sometimes the result when in the stage of gray hepatization the exudation is not expectorated or absorbed and an interstitial inflammation is set up and continues, and hence a chronic interstitial pneumonia is the result. Physical signs of 3rd stage. They are very much like those of 2nd stage. Percussion may give little resonance over affected side.

Auscultation, There is still bronchial breathing, but not so loud as in 2nd stage. Morbid Anatomy of 4th Stage.
As soon as Resolution commences air enters the cells and if a portion of the lung be put in water it will float, as it is lighter than during hepitazation. It is more airy of a yellow or of a greenish yellow color. Physical signs of "4th" stage.
Inspection. In the stage of congestion as the disease developed the motion of the affected side lessened, but in this stage movement of affected increases as resolution increases. Palpation, in the stage of engorgement vocal fremitus increases with the engorgement but in this stage it diminis is with the resolution. Percussion, Diffuse percussion is t.

in sight disappears, and it gradually fades away until resolution is complete. Auscultation. Bronchovesicular breathing takes place of the normal breathing. Bronchophony is [illegible] heard. Subcrepitant rales are heard, which are called "crepitation redux." When resolution is complete, the sonorous, subcrepitant and mucous rales entirely disappear. All pathological changes of this stage disappear as they came in the stage of congorgement.

Symptoms. A great many cases are apt to be cap without any pneumonic symptoms. In some cases the premonitory symptoms are malaise, headache, high temperature, anorexia and chill. The latter symptom is seen in from 7% to 92% of all cases, the chill may last a

varying length of time, from a half hour to two or three hours. The chill is less frequent in old age. There is always a decided rise of temperature accompanied by pain generally over the seat of the affected part. The pain is described by deep breathing or coughing, but does not last very long; and if stabbing in character it means pleuritic complication. Tongue is coated white. Expiration is most decidedly increased, in fact more so than any other acute disease and may vary from 30 to 80 per minute, which is all out of proportion to pulse rate, which may not exceed 100 or 110. This increase respiration and pulse rate is not in proportion to the affected. Cough is said to be present in a large per cent of cases.

It is short and hacking in character, more common in children, while in the old it is often not perceptible. Expectoration for the first 48 hours is usually frothy mucus, then it becomes semi-transparent, gelatinous and rusty and very hard to get out of the lungs. The vessel containing it may be inverted without spilling the contents. The color changes about the second day when it becomes rusty in appearance or resembles prune juice. This color is caused by presence of blood. This color changes in advanced stages to a creamy bluish-white color. Small children do not expectorate, but swallow all excretions from lungs. Temperature may rise in a few hours to 103-105 degrees. After the first day the temperature is subject

[illegible] morning is usually and evening exacerbations. The difference between evening and morning temperature not exceeding generally more than 1½ to 2 degrees. The highest temperature is generally on the evening of the 3rd day, and may reach normal on the 7th day, just before death the temperature may reach 102 or 104 degrees F. If a high temperature lasts longer than 9 days it is an exceedingly bad symptom. Expression of consciousness should be noticed by the physician. An anxious look is characteristic. One or both cheeks become flushed. It is said ½ of all cases have an herpetic eruption on lips and on end of nose. Delirium or delirium tremens may be noticed, especially is this the case in alcoholic subjects and also if pneumonia

effect upon the urine is of high color, diminished in color quantity and has a high specific gravity.

Differential Diagnosis. It may be mistaken for capillary bronchitis, pleurisy, hypostatic congestion of lungs, incipient phthisis, pulmonary consumption, oedema of lungs etc. In acute capillary bronchitis subcrepitant rale is heard diffused over whole chest, but in pneumonia it is confined to the affected part only. Temperature in bronchitis is lower than in pneumonia. In pneumonia there is dull sound on percussion and bronchial breathing, in bronchitis it is not so. The breathing in pneumonia is very rapid and painful, in bronchitis it is very laborious. Acute pleurisy

ushered in with chilliness, while the temperature rarely rises above 100 degrees F. In pneumonia there is generally a chill which is always followed by considerable fever. In pleurisy breathing is painful. In pneumonia it is panting. There is no cough in pleurisy. There often is in pneumonia, in pleurisy vocal fremitus is either absent or diminished; in pneumonia it is increased. Hypostatic congestion is designated principally by dyspnoea, and expectoration. Pneumonia may resemble phthisis when it occurs in apex of lungs but it may be distinguished by peculiar symptoms of each. Night sweats and extreme emaciation will indicate phthisis. Irregular temperature which

[illegible] Fatal prognosis indicates pathological [illegible] of lungs there are subcrepitant rales and incomplete dullness. In pneumonia there is complete dullness on percussion, there is no chill, pain, or rise of temperature in edema of lungs; in pneumonia there are nearly always the reverse. Oedema is bilateral and generally occurs in the most dependent portions of lungs, while pneumonia is commonly unilateral, and may occur in any portion of lungs.

Prognosis. Fall of temperature and pulse takes place on 6th or 7th day, which is common the prognosis is good, but if temperature is 105 or 106 degrees F. and pulse 120 per minute and last for more than 48 hours, the prognosis is very

and, but may not prove fatal. In private practice the prognosis is decidedly better than in hospitals. In one hospital there was 11 p.c. of pneumonia patients died, in another 28 p.c., and in another 30 p.c. But in private practice the mortality is not usually more than 3½ to 7½ p.c. It is reported that Dr. Bennet had 105 cases of which none died. Pneumonia may terminate by crisis or lysis. In crisis the temperature, pulse and respiration falls suddenly, followed by profuse sweating; pain ceases and the patient naturally falls into a quiet sleep. The cough becomes less, and the sputum becomes more copious, thin and tenacious. In children and old age mortality is very great. Between the ages

of it and hence it is decidedly favorable. It is said, "alcoholic patients are apt to die, or at least the tendency is towards death." Flint says, "the prognosis depends upon the extent of lung involved, the disease with which it may be connected, its complications, the previous constitution of patient etc." If the heart is strong and the right side can perform its function properly the patient has a better chance for life, as dilitation of right side of heart is apt cause heart failure.

Treatment. Any or all of treatment indiscriminately practiced is not justified, but the treatment must be according to the symptoms, age, and nature of each individual case. Nothing

would be given that would have a tendency to weaken or exhaust the patients strength. If it is not complicated it will probably terminate in recovery by crisis, but if it is complicated with another disease its course must run in a very different way. It is said many cases will recover without any treatment, and especially may this be true, if the patient is well cared, and gets nothing to do from harm, the local lesions not to be treated in the 1st and 2nd stages, but the treatment should be constitutional as the disease is a constitutional one. It is important to keep the patient absolutely at rest, especially, if the signs of heart failure are apparent. This being brought on by congestion of lungs, panting

the reception of blood from the right ventricle, and hence the blood becomes packed up in that chamber of the heart. The patient in this condition must not even be allowed to take or to sit up in bed. The room should be well ventilated and the temperature should be kept at about 60 deg. F. In the 1st stage of the disease or for 3-4 days the patient should be made comfortable from the minute shock of dead by opium, & hypodermic injection of Magendie's solution ℞ III is very good, repeated at intervals. The disease can not well be aborted when congestion has taken place. But before this point at the very commencement of the trouble Quinia Sulphas gr XV, and Morphia Sulphas gr ¼

administered may entirely abort the disease. The quinine has a tendency to check the amoeboid movements of the white blood corpuscles, and hence exudation and tissue loss not take place. Quinine or hydrobromate of quinine may be used for its antipyretic action on the system in pneumonia. It is a valuable best way of reducing temperature. The application of cold in various ways is also recommended, as cold baths, where the patient is put in water 75 or 80 deg. F. then the temperature lowered by ice or cold water and if patients temperature falls rapidly take him out when the temperature reaches 102 deg. F. but if temperature falls slowly in time in a bath it reaches 101 deg. F. let him stay and cold

compresses to the chest are recommended, etc. but these modes of reducing temperature are dangerous, except cold sponging which may be employed. Besides the importance of reducing temperature it is also necessary to prevent heart failure as it is a common form of death in this disease, the pulse will indicate the condition of heart. It is said a regular, feeble, frequent pulse is diuretic the use of stimulants, Brandy gr ii-iii every two hours may be given to sustain the heart. Alcohol is very good given nutrition, especially as it recommended when the patient has always been used to it. Always give it at fixed intervals, and watch carefully the result, say give 2 oz every two or three hours

and if the pt. has been regular in the use of tobacco continue it, but should be given also syst. over the case. Carbonate Ammonia gr V-VIII is highly recommended in pneumonia as a stimulant. It will assist expectoration and prevent heart clots, owing to making the fibrine less coagulable. Bicarbonate Potash is also good. Turpentine is a good expectorant in doses of gtt X-XV. I have already said that in 1st and 2nd stages local treatment or counter irritants do harm, but in 4th stage that of resolution it should be employed. A blister may be applied to affected side 6 or 8 inches square, or may apply a flaxseed poultice to assist resolution. It should be left until it produces redness

pile. The patient will be relieved. For this with these we commend a thin batting or flannel jacket covered with oiled silk. This has no influence on the course of pneumonia, but it promotes diaphoresis, protects the surface from sudden changes of temperature, and it is always grateful to the patient. This is especially beneficial in children. I saw it applied to a little girl of about 6 years old, last spring who had pneumonia following measles, but the disease had already taken such a firm hold upon the little one, that no human skill or medicine could resist it and in 24 or 30 hours afterwards she died.

Thesis on

Legislative Studies

of

the

Constitution

University of Maryland

Baltimore.

[illegible]

[illegible]

[illegible]

being most common to
[illegible]
[illegible] as I stated
I must here [illegible] that
but rare in infants. Still
there can be no doubt that
[illegible]
[illegible] initiated being invi-
[illegible] Subacute and
[illegible] chronic.
Anatomical characters of
[illegible] have been discovered
[illegible] the bacillus
[illegible] Tubercle is
[illegible] in amount as
[illegible]

and usually a state of Anæmia
or whiteness and then also
the amount of albumen and
blood corpuscles is diminished
and this vital fluid is much
vitiated as in other diseases
and the symptoms in Typhoid
fever should be treated as
systemic are generally due to
a form of blood poisoning
called Uræmia or Toxæmia
[illegible]
to blood and some irritant
acid [illegible] in the blood
which [illegible] the [illegible]
of typhoid fever. Very [illegible]
to absinthium [illegible]

many interesting morbid ad-
ventures within the cranium
[illegible] connection with serous effusions
into the ventricles of the
brain but in the respira-
tory system we find many
[illegible] Pneumonia has been a com-
[illegible]
ture of the lungs muc
[illegible] diz-
[illegible]
tubes is common. [illegible]
occurring in the digestive
system are of paramount

[illegible] the [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [

[illegible] Ulcers may [illegible] [illegible] [illegible]

and general uneasiness, dulness of intellect, [illegible] vomiting, the tongue is [illegible], obstipation occurs and there is a disposition to diarrhoea, pulse is [illegible] in beating and at the time a slight contraction of pulse with increase of temperature in the body. These premonitory symptoms are followed for a decided chill and the patient takes to bed complaining of very slight pain in the region of the liver. The tissues being in a settled established condition [illegible]

[illegible] tones, or
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] of the [illegible] [illegible]
[illegible] the pulse rose to
120 per minute and in [illegible]
additional cases it may be
[illegible] [illegible] [illegible]
[illegible] course of the disease
[illegible] [illegible] [illegible]
we find the force of the
pulse diminished, with [illegible]
[illegible] [illegible] [illegible] the
thermometer will aid us
[illegible] [illegible]. The
variations of temperature of the
body in these diseases will

I need hardly add, it is of the utmost importance to know. Sometimes the temperature may be high, [illegible] or still [illegible] elevated the [illegible] death. Since the pain [illegible] or [illegible] the temperature [illegible] rise until it [illegible] [illegible] this is [illegible] [illegible] [illegible] temperature is evidence of convalescence, but a sudden fall of temperature may denote hemorrhage [illegible] bowels. About the ninth day after the disease lab-

[illegible] considered a case than a disease. The [illegible] of a contagious character, if [illegible] [illegible] [illegible] [illegible] [illegible]. The [illegible] and [illegible] that [illegible] [illegible] [illegible] [illegible] a rash color which [illegible] [illegible] [illegible] [illegible]

is a form of [illegible]
[illegible] tints is [illegible]
direct [illegible] of a [illegible]
[illegible]. This [illegible] is [illegible]
[illegible], the tongue [illegible]
coated with a thick [illegible]
colored coating. Sordes collect
upon the lips and teeth. Dan-
druff is a diagnostic symptom
the [illegible] of [illegible] [illegible]
[illegible], [illegible] [illegible] the
bowels may occur. Jaundice
is usually a [illegible] symp-
tom and in [illegible] instances
there is tenderness in the ma-
niac region.
Eructation — usually [illegible]

Fever is endemic and is common in both coasts of the globe and at times it prevails as an epidemic, it most frequently occurs during the Autumnal season. Cholera is sporadic caused under certain circumstances it may be propagated by contagion but most frequently originates spontaneously in a place or propagated by drinking water contaminated with the special poison by foul emanations. Some cases have drain houses or living on bad food or excessive fatigue &c.

Diagnosis — The distinctive points of juvenile form are the marked deformity, tendency to diarrhoea, bowel colic, distortions, tuberosities, tenderness in the middle iliac region and growing stature, the hectic tightness, the absence of an inguinal etc. It is well not to be too much on a comparative anatomical basis, but if we pick up regularly numbers both the size, stature and pulse we shall be distinctive. This disease differential diagnosis will be comparatively easy, while the

case is not marked it is more difficult, but if a sufficient length of time be allowed for its development a careful observer rarely fails in making a correct diagnosis.

Pneumonia is [illegible] that is a disease which [illegible] with [illegible] dangers, still the prognosis is favorable, with the treatment and care of the patient [illegible] [illegible] [illegible]

[illegible]

[illegible] Cold liquid
fluids and [illegible]
[illegible] filled with
gases [illegible] water
rate is always [illegible] about
[illegible] of [illegible]
[illegible] water in cold ~~that~~ than in
warm weather. A sudden fall
of temperature is always [illegible]
[illegible] as [illegible]
[illegible] [illegible]
[illegible] [illegible] a sudden
fall of temperature is [illegible]
[illegible]

bowels.

Dietetics — The patient should be placed in a well ventilated room. Chloride of lime or carbolic acid should be used as a disinfectant and the intestinal discharges of the patient should be removed under the room or cool for treatment, as also to mitigate the disease and prevent infection. It is believed by the committee that this disease may be modified by washing out the intestines of a patient daily with cold or tepid water by a syringe.

to the bathing and is followed
by inflammation of the [illegible]
[illegible] which is not brought
remedies in this disease by dim
[illegible] the brain or at the [illegible]
[illegible] would be [illegible] the
[illegible] treatment by [illegible] [illegible]
and is that it [illegible] [illegible]
and a great [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] to be [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
not seem to act favorably on the
[illegible] [illegible] [illegible]
treatment of [illegible] [illegible]
what is [illegible] [illegible]

or in other words to shew that the nitrogen in the air, if any it be, is consumed the sulphate of magnesia must be done away with the tetramethylia has never been nitrous insoluble nitrogen given if the lower were true. If ammonia or its sulphate formed or other compounds given. If the colour or on the reverse tinctures of bark and tincture of rhubarb will be found beneficial. If lithium or a neither and hydrocarbon separate then may be given but the improvement of urine the same phenomena the bromides

[illegible] of [illegible], and also [illegible]
or small doses of castor oil, which
may be given [illegible] or [illegible] [illegible]
for abdominal pain, and also
for constipation of the intestinal
lesions, some latitude must be
allowed, stools should be shown
to the abdomen, then the bowels
should be exhausted in [illegible]
having a hard and bilious
[illegible], it indicates [illegible]
be used in the intestinal
tract and the oil of the intestine
should or not be given in
emulsion with [illegible] or
some other [illegible] against
the [illegible] last [illegible] child is-

[illegible] and [illegible]
[illegible] to high heat. It varied
from 200° to 300° according to
the severity of case. The oil of
turpentine is a most efficacious
and efficient remedy in
the treatment of fetid sores
more especially ulceration and
ulceration cases and is most use-
ful in internal hemorrhage
which may occur in the mid-
dle of cases. In most diseases
we find there where the impor-
tance of maintaining the vitality
of the tissues and preventing sec-
ondities as much as possible
[illegible], [illegible] [illegible] and

of [illegible], [illegible]
[illegible] and [illegible] [illegible] in-
fluence on the tissues. Some
authors recommend alcohol and
tinctures but it is best not to
resort to its employ. [illegible] the
medical [illegible] authors [illegible] it
[illegible] fully answers the
[illegible] of food and can be readily
assimilated by the system.
Where the digestive system of
the patient is much disabled
the injudicious employment of
alcohol and other stimulants
and extracts. When alcohol
is used at all brandy is about
the best form in which to

administer in the bowels becomes distributed and passes out by means of the cuticle. If bedsores occur, the location of the patient is changed and applied to the parts alcohol or oil of turpentine with oil of cajeputi. If nutritive enemata should be given intermittently and poultices should be applied to the sacrum, the same as the patient becomes convalescent food should be given in small quantities, but often the appetite of the patient becomes voracious and great care is necessary lest the patient take undue quantities.

an indian hills town. The patient should at first be given such articles as are most nutritious and of easy digestion. Such as Wine Whey, broth, milk, Beef or coffee &c, and excess of mental & mild articles of food must ~~[illegible]~~ scrupulously avoided as the patient grows stronger more solid food may be allowed = Violent exercise after convalescence must be avoided.

A constitutional manifestation of typhoid fever and treatment becoming is, use at all times and in all stages of the disease will find

due attention to the comfort of our patients and establishing for them some individual [illegible] and habitations in our [illegible] would be most conducive to their general health.

251.

[illegible]

1885.

[illegible] Evidence [illegible]

[illegible] is undoubt that [illegible]
disease has prevailed extensively
from very remote periods; but its
authentic history, like that of so
many other infectious diseases, is
[illegible] good reasons in
regard to typhoid fever, for the
[illegible] lesions are the essential
and distinguishing characteristics
of the disease, and these [illegible]
[illegible] been made to associate passages
in the works of Hippocrates
[illegible] very hard

caused consumption, or other diseases have been recognized, published first, as we cannot at present distinctly recognize [illegible] the [illegible] and it is not until the seventeenth century that the clinical conditions [illegible] and followed [illegible] [illegible] [illegible] [illegible] [illegible].

[illegible] Laennec and Chomel in France, during the first thirty years of this century, did more, by their careful observations at the bedside and their patient labors in the autopsy room, to elucidate the symptoms and course of the diseases, to connect them with the pathological lesions, and to place

[illegible] in the [illegible] of [illegible]
[illegible] [illegible] [illegible] disease
to day than any or all of their
predecessors, I cannot see justification
of their observations a good deal of
confusion remained for another century
past between typhoid and typhus
fevers, the one being more common
in France, the other in England
the symptoms being so much
apparently similar in sporadic
cases. At least I offer this
as a theory which upon the recently
promulgated pathology, I should
have the hardihood. It is a
matter of doubt to me instrumental
in disposing

[illegible] sooner were the problems of the semi-
[illegible] and [illegible] solved, and the
conclusions [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible]

[illegible] which advance the digestion
[illegible] ise to these special results.
[illegible] "Spirit" is the
[illegible] of the [illegible]
[illegible]. This [illegible]
of growth, the great majority of cases
[illegible]
[illegible] are [illegible] about
equally liable.
Upland fern is not respected by cattle,
it growth alike in dry
[illegible] and in sultry [illegible]
[illegible] the fern and the [illegible]
on [illegible] and on low ground; over
a sandy or clayey soil. It is, perhaps,
[illegible] [illegible] [illegible]

[illegible]

Sense [illegible]

[illegible] months [illegible] from [illegible]

[illegible] the

[illegible] and in the Southern

[illegible] the corresponding

months, from February [illegible]

larly prominent.

Individual idiosyncrasy plays a large

[illegible] cause. [illegible]

[illegible] some persons

and some families seem proof against

the poison even in an active form,

while others contract the disease [illegible]

[illegible] infection.

Exciting causes, as far back as our knowledge of the disease goes, and as far as we can see, the same picture. As we see it to-day, it proves true. It is a specific disease; bad water and adulteration afford natural ground for the development of the specific poison. The latest and most severe epidemics in association certain districts with the disease are those of Albert and Sixth. These are both marine. Sixth bacillus in short, thick rods, slightly curved, extremities, small flagella, joined together. These organisms are not seen found in other affections, even in such as are accompanied by severe intestinal alterations; they are found constantly

in typhoid fever, though it may seem strange that the specific organism of typhoid fever should not have been discovered before this, is consistent with the theory that the poison must be borne in minute vegetating particles, such as bacteria or micro-organisms undoubtedly present in the intestines and in the contents during life, which are probably the agents of the contagion.

The minute and latest investigations of English health officers, when the subject years in public health and practising health officers, have led them to a very

propagation in infected milk and water
supplies, which has always been
suspected, and in which pathogenesis
or abortive generation would
therefore have been resorted to as an
explanation.

Cases of this disease with fever
have also been reported,
but are rarely met with, and
in no instance have I found
the number of cases where fever
included fever for days and the
cases is hardly small.

Diarrhoea and stomach begins with the
first feeling of malaise, which on the
second day is followed by diarrhoea
and vomiting, and collapse,
general coldness and collapse, sometimes

[illegible] diarrhœa, sometimes moderate delirium, temporary, in passing in the right side passes, and he begins [illegible] a [illegible] British [illegible] [illegible] [illegible] hand, [illegible] [illegible] [illegible]

area is enlarged; the urine is diminished
in quantity, high colored, slightly albumin-
ous; a fullness of delirium or of coma
vigil is developed; at this stage the re-
missions in temperature from evening
to morning will begin to be somewhat
more marked, and the morning temper-
atures will be proportionately higher.
If the intestinal tract, bowels, kept
at high pressure, and only a
more or less liquid stool is passed, it
will be right to exhibit a slight diaphoresis,
the temperature will then fall
centre and rest at the 4 and 5 pos
the frames of the above schedule
[illegible] and the
force to [illegible], the patient [illegible]
will be strongly great [illegible]

[illegible] at any [illegible] time he
[illegible] will [illegible] appearance from
which he can usually [illegible] himself
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] the temperature [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

the fever gradually abated, the tongue became clean and moist, and the patient was pronounced a convalescent.

Pathological lesions following — For a description of the various pathological lesions, and the sequelæ — such as bronchitis and congestion, hypostatic congestion of the lungs, etc., consequent upon the fever and morbid changes in the gastrointestinal canal, and especially in the solitary and agminated glands (Peyer's glands) of the ileum, constitute the characteristic lesions of typhoid fever. The general congestion of the mucous membrane of the ileo-cæcal valve and the mesenteric glands are usually described as passing

through the mucous coat, the stage of swelling and hyperæsia of the intestinal mucous membrane is, second, necrosis and sloughing, third, hemorrhagic infiltration of the layer of mucous membrane, and, fourth, ulceration. The glands will be found in the first stage, and the most enlarged and will be found in the first three stages.

Both lymph nodes and the solitary glands become enlarged and prominently raised above the surface of the intestine, the latter at times to the size of a hat-pin head or a large pea. The hyperæsia of the lymphoid cells having reached a certain degree of proliferation, the cells become clotted.

a short forceps which must be separated from the process may be superficial affecting only the mucous tissue or some only a part of this, or it may be and usually is, deeper or involving bone and varying from a mucous to a solitary abscess or extensive small abscesses. The depth to which the process extends depends on the intensity of the destructive inflammation. It may be slight in the mucous coat, and even reach the bone when separation becomes imminent. The separation of the sloughs is gradually effected from the edges inward and extends among other tissues that are in good health.

In some cases, especially of relapse, the floor of the ulcer becomes the seat of secondary ulceration; or occasionally an ulcer heals in one part and extends in another and again. There may be ulcerated healing in one part of the intestine with fresh ulcers and healed in a state of hyperplasia elsewhere. The secondary ulceration is said to be more apt to cause perforation, hemorrhage and extension than the primary sloughing of the ulcers.

The tubercular ulcer of the intestine presents a strong contrast to the typhoid ulcer and it is necessary to distinguish the two to distinguish between the clinical symptoms of acute tuberculosis and typhoid fever.

the cecum and base. The intervening ulcers are thickened and indurated and the nodules of new growth, tending to become cancerous, are seen scattered in its room. Rarely it gets, lands. The thickening of the tissues at its base makes intussusception a exceptional occurrence.

Treatment - The treatment properly includes the whole management of the patient in the not uncommon cases where the evening temperature does not rise above 102°F, nor the pulse above 110, and there are no complications. The return to normal may not go beyond 98°. Give a liquid diet

A [illegible] should be [illegible]
[illegible] should be ordered to
[illegible] the physician should immediately
[illegible] for himself the condition
of the house drainage and water supply
of the premises. These should
be [illegible] and corrected.
The ventilation and regulation of the
temperature of the sick room should be
secured. Cleanliness and necessary
furniture, it is well to remove.
Excessive noise should be kept from the
patient and attendants should wear
[illegible] and noiseless.
The patient's food and
temperature should be taken at least
twice a day, namely, six and eight
A.M., and six and eight P.M. [illegible]
should be instructed in [illegible]

[illegible]

opening opium in emulsion every
two or three hours is useful. Hemorrhage
from the bowel is generally announced
by a sudden faint [illegible] to collapse
without other assignable cause. If not
profuse and not repeated, it may
not require more than
quietude. After treatment is required
the constitutional agents are the sulphate
of quinine or mineral astringents. I
prefer the hydrobromic acid. In
some cases, the use of cold in
the form of ice, injections
[illegible]
Perforation, which occurs in about
1½ per cent of the fatal cases, is
generally announced by pain and
collapse, and in those rare
instances where the bowels of the

towel are dried together and the towel is taken from between them, given in large and easy folds. After the cold douche.

Cold douche at the extremity of second or third douche, the wet sheet slightly the exposed surface of the body.

Sponge baths will substitute hydrotherapy proper as grateful, refreshing, very invigorating. Keep up the action of the skin can be given without fatigue to the patient, and if frequently repeated will exert a certain tonic effect upon the temperature and nervous system.

Quinine if given in large doses in the evening, the fall of temperature coinciding with the usual morning remission will be greater, if given in the morning the evening maximum will be modified.

With antipyrine supplemented by cold sponging or the wet pack if need be, I think the temperature in nearly all uncomplicated cases of typhoid fever can be kept within the limits of safety, individuals do not idiosyncrasies toward antipyrine, phenacetin and other drugs, antipyrin is safe, rapid, efficient & pleasant.

Convalescence from typhoid fever is always slow and may be very prolonged.

[illegible] weather [illegible] and
[illegible] a matter of [illegible] months.
During this period a moral abs-
tension of the patient is desirable,
and a total cutting off exercise,
mental rest & checking on
these points, instead of giving [illegible]
an hasty convalescence one is led
to consider at the recreative force which,
[illegible] in a short period a large
part of the whole body, and at the
same time, one understands why
it is that the convalescent after
passing safely through an attack
of typhoid fever feels regenerated
and as if he were born anew.

Acute Pneumonia

By

T. E. H. Hagenbarth

Acute Pneumonia

The first stage is that of congestion or engorgement. The inflamed portion of the lung is heavier than in its healthy state and the cut surface presents a dark red appearance and a bloody liquid flows in abundance which may be a little frothy.

The microscopical examination shows the pulmonary capillaries distended with blood and the air cells filled with a serous liquid containing red corpuscles in abundance, a few white corpuscles, and large granular cells which are epithelial cells washed off by the watery transudation from the blood. In this stage the affected portion of the lung does not sink in water.

In the second stage usually called the stage of red hepatization the air cells and bronchioles become filled with a solid exudation and cease to contain air. The solidified lung is of a brownish-red color, nonexpansible and presents an appearance not unlike that of the liver. Upon its cut or torn surface it presents a granular appearance due to the projections of the little solid masses which distend the air cells and bronchioles. When examined soon after death, the cut surface is dry; later a viscid turbid reddish fluid may be made to flow. The lung crackles down under the pressure of the fingers more readily than in its healthy state.

Stage of gray hepatization.

The granular appearance is then less distinct and the surface moist.

The red blood corpuscles are less in number but the pus cells are abundant and contain molecules of fat.

The lung may present the appearance of gray hepatization after death within a few days from the onset of the disease — or the aspect may be that of red hepatization after the disease has lasted two weeks or more.

Most frequently the lung is found in a mottled condition, tints of mixed gray and red.

It is usually considered that gray hepatization is a later stage of red-

Hepatization when the inflamitory products are in process of absorption. Absorption may take place with great rapidity.

In this third stage or stage of absorption the red blood corpuscles lose their colouring matter, the pus cells undergo fatty degeneration, the fibrin becomes granular, and [illegible] of serum takes place, so that a kind of granulo fatty emulsion is formed suitable for absorption by the lymphatics and blood vessels.

In favorable cases, after the removal of the exudation, the air cells are found to have sustained no damage. The pulmonary structure is [illegible]

Instead while the exudation remains and its functional capacity is fully restored after the exudation disappears. Often after death the color of the inflamed lung is yellow or grayish yellow, the granular appearance absent, the tissue soft and exuding a creamy fluid, the lung is said to be in the condition of purulent infiltration. The exudation which also the air cells consists almost wholly of pus, and pus cells are present abundantly in the interlobular tissue, but the lung tissue is not broken down.

Gangrene of the lung sometimes occurs, but is extremely rare.

Pleuritis with fibrinous exudation is developed in the portion of the pleura covering the affected lobe or lobes of the lung. This concurrent pleuritis is never absent except in those rare cases in which the pneumonitis has not extended to the surface of the lung. To exceptional cases with liquid effusions, may be applied the term pleuro pneumonia although in a strict sense nearly every case of pneumonia is pleuro pneumonia.

More or less bronchitis, affecting the bronchial tubes with in the affected lobe or lobes, usually exists with pneumonitis. Bronchitis affecting the bronchial tubes of both lungs, sometimes

But rarely present with pneumonitis. When these two affections are combined it is accidental, Bronchitis as the primary affection [illegible] lead to the development of pneumonitis. Pneumonitis attacks, in the great majority of cases, the lower lobes, and the lower one of the right, oftener than of the left lung.

The disease very rarely, if ever attacks two lobes simultaneously; but it invades, not infrequently in succession a second and even a third lobe.

The lobes of one lung may be successively invaded, or a single lobe on both sides, or, an entire lung being first affected, a lobe of the other lung may be attacked.

In the two latter cases the pneumonitis is said to be double. The whole of the lobe invaded is not at once affected. The inflamation begins at a certain point, and extends from lobules to lobules until the entire lobe is involved. The diffusion of the inflamation over the lobe takes place with more or less rapidity; sometimes in a few hours, but in some cases it occupies several days. The progress of the solidification from exudation may be determined very accurately from day to day, or hour to hour by means of physical signs. Solidification almost always occurs, and where the inflamation

is not secondary to other pulmonary diseases, usually extends over the lobe or lobes in-area.

The first stage embraces the period in which the affected lobe is in the state of active congestion or engorgement.

The disease is considered as passing into the second stage when the affected lobe, or a greater part of it, has become solidified by the inflammatory exudation.

This is the stage of solidification or hepatization.

If the disease pursue a favorable course, the third stage begins when it is evident that absorption

of the exuded matter is going on, and convalescence takes place during this period.

This is the period of resolution.

If the disease assume an unfavorable course, the third stage is one of suppuration or purulent infiltration, and this stage is the purulent or suppurative stage. If this stage occurs, the disease generally ends fatally.

The duration of each stage varies very much in different cases. The stage of engorgement may last but a few hours.

Not infrequently this stage does not extend beyond twenty-four hours.

But sometimes occupies two three or four days and in some cases a longer period.

The stage of resolution varies in different cases as regards the rapidity or slowness with which the solidifying deposit is removed.

Resolution is rarely completed in less than three or four days and generally eight or ten days are required.

In some cases two or three weeks elapse before the alveoli are restored to their normal condition, and sometimes a longer period is required. After this case passes into the purulent stage, death usually

takes place within a few days: but if it ends in recovery, many days and even weeks elapse before the normal condition is restored.

In the majority of cases, acute pneumonitis commences with a chill frequently accompanied by vomit. The thermometer shows increased temperature, although coldness exists as a subjective symptom. The invasion is usually abrupt, and the attack is apt to come on at night. A dull pain is apt to follow the chill, but is not always present.

The pain is usually referred to a circumscribed space over the affected

of the affected side
Cough is usually present but not always. The cough is generally accompanied by expectoration.
The expectorated matter is at first scanty, transparent and viscid.
It becomes semitransparent adherent and has a reddish tint like iron rust
This is caused by a small quantity of blood becoming mixed with the matter in its passage from the small to the large bronchial tubes.
Often the blood is abundant, and when the blood is of a dark color it is called the prune juice expectoration.
Fever exists from the outset to gather with pain in head.

loss of appetite, thirst prostration and heat of skin.

The pulse is more or less full and rapid and varies in frequency in different cases.

During the stage of solidification the symptoms change.

Pain is less severe. Cough and expectoration continue, but cough is less hard and painful.

The expectorated matter looses its rusty appearance, and becomes opaque, less adhesive, and more abundant.

During the stage of resolution the fever diminishes, and ceases.

Cough and expectoration become

less and less the respiration resumes their normal frequency, the appetite returns and the strength is increased, and convalescence is declared.
No period of life is exempt from this disease.
The disease occurs most frequently between ten and fifty years.
The attack is excited by some unusual exposure such as sleeping in the open air.
Persons of intemperate habits are more apt to contract this disease. Pneumonia occurs as a complication of other tissue pulmonary diseases

It is met with in typhus and typhoid fever, measles and dysentery.

The disease is more apt to occur during the winter months.

If a patient be seized with a chill followed by fever together with a pleuritic stitch referred to a circumscribed space at the inner inferior angle and the characteristic rusty expectoration.

Slight or moderate dullness on percussion and crepitant rales.

Care must be taken not to confound this rale ~~to~~ with the subcrepitant rale.

Other solidification from extension

sufficiently over the affected lobe to furnish the signs of that condition. The diagnosis is made clear by the following

Bronchial respiration bronchophony, and whispering bronchophony denotes the condition of solidification.

The second stage may be determined by the extention of these signs.

Dullness on percussion nearly or quite flat.

Dullness or flatness extends over a space corresponding to that occupied by the solidified lobe.

The crepitant rales continue more or less diminished during the second stage or may disappear

over the affected side has become obliterated:
The moist-bronchial rales may be heard in this stage.
If the disease pass into the stage of subsuppuration the dullness or flatness on percussion continues, and moist-bronchial rales, due to pus in air tubes, are prominent. If abscess of lung takes place and pus be discharged into the bronchial tubes cavernous respiration may be well marked.
If the disease be primary, and uncomplicated, a favorable termination may be expected in a patient not enfeebled by age

or other causes.

The complications which are apt to render it fatal are pericarditis, intermittent fever, and delirium tremens.

The danger is great if the disease is vast or more than one lobe. Heart clot may form in pneumonia. The invasion of a second lobe in a feeble patient may be accompanied by prostration. [illegible] of frequency and feebleness of the pulse; great frequency and labored of respiration; lividity of face; purulent or muco-purulent expectoration; bloody, dark colored sputa, known as the prune juice expectoration.

Violent delirium with prostration and subsultus tendinum constituting the typhoid state.

Death generally takes place by asthenia in combination with apnoea, the former predominating.

The early administration of a vigorous purgative as Epsom salts, or citrate of magnesia.

Tartar emetic in the dose of one eighth to one fourth of a grain for adults, every two or three hours may be continued during the height of the febrile stage.

After the height of the attack, small doses of ipecacuanha may be substituted for the antimonials or gr x potassium citrate every two hours. Veratrum viride is given in small doses but must be withdrawn when the pulse has been sufficiently reduced.

Tincture of aconite with hyoscyamus

Ascites is also used by some.
The lung should be placed at rest as nearly as possible by bandages round the body, first covering patient with collodion [illegible] ster may answer the same purpose.
Support may be required from the first by beef tea wine &c given in milk.
Twenty grains of ammonia given early may abort the attack of pneumonia Some advise the continuous inhalation of cold air brought directly from window or door. Give digitalis when kidneys are not [illegible] freely

E. C. [illegible]

11

The Physician or Practice of Medicine —

In undertaking to describe the Physician, I wish to describe what I consider is the Physician indeed, & not to ventilate or question to that are simply acts of medicine. or that he happens to prescribe to every one who happens along, with a fair or that he has gotten his M.D. or that he stood head man in his class, could recite better & talk more medicine (using the biggest words) than any man in the country. Does this constitute the true physician? I think not. I think that it is a very right that we should take long years of hard study, before we pretend to practice medicine. after saying this we can perform many really good Physicians & we can

[illegible] the medical student
[illegible] the [illegible] stage when on the
[illegible] may study these great life work
before us. There is perhaps no one
[illegible] medicine, medicine, a science should
[illegible] well before he undertakes
[illegible] himself.

The [illegible] physician means the art of
healing to prescribe medicines [illegible]
[illegible] [illegible] the
[illegible] [illegible] that heals [illegible]
[illegible], [illegible] physician [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] in this, there are
[illegible] [illegible] years of [illegible]
medical [illegible], [illegible] preparation [illegible],
[illegible] work, before [illegible] [illegible]

We should prepare our selves in many ways besides that of knowing how to prescribe medicine.

Preparing our selves for this work.

I do not think that we should spend all our time in simply reading over books. We should not only try to add to our knowledge by hearing the lectures & reading the subjects but by spending one year at least in an Hospital & watching every case that may come under our eyes. I saw some M.Ds last summer from a neighbouring school who said they knew nothing about the practice of medicine & would not know how to act if they were called in to see a case. Theory is necessary &

to have to [illegible] important institutions
without practice does not fit a
man for the practice of medicine.
I contend that all medical schools
should have clinics.

After spending 2 or 3 years of hard work
I see a man cut into the world as
"He who thinks he can begin the thing" is a man
beginning life as a doctor.

Suppose this young M.D.
needs a system, opts to clinics, gets a
box of instruments, many more than
he needs; he will also buy a vest with
pockets or buggy case to carry his
stuff in, which is the way I do, to
be well filled with a great many
things he may never use.

Thus prepared he sallies out to his field of work, looking with longing eyes day in day out for some case, or a chance to use his skill — as one of my bros. often says "your young bucks" will sleep out with the old gen. greater quantities of medicine than the older you get the less you will give, with some friend or relative, say you or your parents or your father. I know of an old Dr who has been very successful in his life in the practice of medicine & he never carries more than 3 or 4 bottles of medicine with him, having practiced now for 35 years.

Some give too much & some not enough, neither the two are got about the way

Best to begin right

[illegible] [illegible] the [illegible]
[illegible] [illegible], the practice of medicine.
We have to continue with the old ladies who
will often watch some of us, laughing
at our many mistakes, not once
insisting or assuming to remember that they
too were once young in the cause
we must continue too with the people
who will often tell us we are "disgraceful"
& know nothing about our business
you may be called in to see a case
of midwifery & you pass the walls of
the room lined with knowing old
women who will wish to direct the
job for you & tell you Dr so & so did not
do this or that. You must pay attention to
what [illegible] of them [illegible] to a [illegible]

[illegible] for they often give you p[illegible] [illegible]
some times that may help you things
you may never have thought of before.
not altogether shaken the young man
when he thinks, now he can [illegible].
An old woman must give an
advice about a thing that I know
more about than they do.
I was sent over to attend a case of midwifery
(by my friend) he not telling me of the old
woman, I also got to the house of an
half dog of a man living the wife of
[illegible] to such an extent that not even
a chair was left for me to sit on
You may imagine my feelings when
I found that they were all strangers
to me. I am certain I was much more

frightened them the women. [illegible] was
about to have the baby, back [illegible] been
wanted to give advice to [illegible] young
days [illegible] a great deal but still I
was determined they should not go [illegible] if
I did so I told the husband that all men
leave the room except [illegible] husband
if not I should do as I felt
they soon left & then I further said
that I was sure that I had been [illegible]
attended to the case I [illegible] the
master of ceremonies, the [illegible]
[illegible] not, the two [illegible]
had no more work & [illegible]
I received another call [illegible] at the
same house. [illegible] in telling my
temper go, the last [illegible]

[illegible]

I mean [illegible]

[illegible] by the [illegible] [illegible]

I mean afterwards that they said I [illegible]

[illegible] [illegible] [illegible] [illegible]

complyment they could have paid me.

A certain [illegible] professional tact

[illegible] [illegible] is as necessary to

the Physician as the mariner compass

is to the navigator. So we should start

out by keeping strict account [illegible]

as keeping our debts paid up by paying

cash for every thing we [illegible]

in our bills, when due, regard them

to be paid by paying in a, with any

[illegible] wish to settle your own

accounts, as much regard others

[illegible] with you. It seems to be a [illegible] with some people not to pay or to pay [illegible] of paying Drs bills & those kind of people you have to be [illegible] with.

Attend to all calls.

How often Drs are interrupted to calls when they should think and get some thing for it. It seems so, I know I claim this for it, for our life is a hard one & it is harder still [illegible] have to be pulled out of our [illegible] on a cold night & [illegible] [illegible] when we get nothing [illegible] [illegible] hardness [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible]

[illegible] the [illegible] [illegible] [illegible]

other classes [illegible]

they give more charity I think than

any other; [illegible] still [illegible] they

[illegible] be shocked about & run

down & those who sympathy [illegible] it

the more sickening & the Dr (in many

instances) - the Dr seldom [illegible]

hours he can call his own; he must

not only go all day, but all night

the year round he is on the go &

[illegible] Preachers & Lawyers & other

[illegible] [illegible], they are worked & [illegible]

[illegible] for the summer, the Dr must

stay [illegible] [illegible] [illegible]

[illegible]

The Dr should always be cheerful

How much better is it for the patient if he sees a Dr who will enter his sick room with a bright cheerful face. It costs the Dr nothing to be polite & cheerful & he is apt to do a great deal more good when a patient sees that this kind of a Dr is visiting him, he is happy all day long to see him, & does him good. Health & strength with him

We should view this branch of medicine as we do any other.

It is certainly better to be able to enter the sick room with a cheerful face, than ~~not~~ to be of otherwise do so. The appearance

language [illegible]
course of some days of an pleasing,
other [illegible] can render a harsh & repulsive
to the viest –
Familiarity with many little details
the work [illegible] indeed
[illegible] of [illegible] by [illegible] [illegible]
& with minor operations, you are
[illegible] ~~called~~ incidentally called on to
[illegible] create [illegible] favorable
[illegible]. Indeed it is to a great extent
by these that the watchful [illegible]
other habitues of the vicet room pledge
you the art of keeping hope & confidence
alive in the bosom of the [illegible]
[illegible] friends is a great [illegible]
A [illegible] [illegible] [illegible] [illegible] good

Some Times there are a [illegible] Phrases

Have no Confidants.

As the family Physician we know many secrets & we should be very careful to keep them. So many Drs tell their wives, that such & such patients come to him. The young man will come to you & so will the young woman for advice & consultation.

Never ask private questions in regard to not in the patients confidence, unless they are clearly entitled to hear them. Request all such to leave the room especially if they are of the opposite sex. before asking such questions.

Be doubly cautious in this respect when your patient is a female & you

questions respecting marriage, menstruation, pregnancy, lactation, uterine affections or any other delicate subject, that he see it may not be exposed, or the modesty of another be wounded by any one, lest your professional secrets, or even details of your cases, get possession of the tongue to have told your house to house what they have said in their delirium. Nothing, never mention, or speak of the feelings of sensitive patients, even in their ear as to details of their cases are being whispered about as coming from the physician himself.

Seal your lips as you go from house to house & do not mention the private affairs of any body. Do not talk of

those who have had venereal diseases or that abortions have taken place or that such person takes intoxicating liquor or that [illegible] habitually; or are often married or [illegible] have one with not being married or all or that person is addicted to vicious immoralities, or that there has been a [illegible] habits of [illegible] wishing [illegible] disease or that [illegible] selves.

Sunday work.

Do as little work on Sunday as you can. Some health and religious to rest one day in the week. I know that often you are obliged to work Sunday too, for a great many

people (especially in the country) will
need for your on sun. day, [illegible] they
might have done as one a week dis-
[illegible] because [illegible] house come
other place & they dis[illegible] & stop-
[illegible] must not be done as little [illegible]
[illegible] day as you can & you can [illegible]
[illegible] to spend time [illegible] attend church
[illegible] is not the habits of the people as
to gathering [illegible] necessary [illegible] spent by
[illegible] work they have to do on week day
& do it on Sunday. I believe a "Sunday
[illegible] spent doing a course of conten"
[illegible] should certainly be [illegible]
least [illegible] worse, [illegible] he should
take the other day of the week.
I think it a blessing that [illegible]

Examinations of females.-

The most delicate of all the things a Dr has to do, is also the most dangerous to the physician time well, not only in the contracting disease, but in a moral sense. The best way is never to examine a woman without a 3rd. further is present, no matter how good a man man be, he may be worthy tempted & give way to the natural passions of man, all forgot in the eyes of the people & of their society.
The Dr has far more temptations than people may think they have. I can hardly stand. Many a woman who should be pure & is to the eyes of the world is, a case trial to the feel[illegible]

attend. me. The Dr himself should
be more careful for women as the
weaker sex, & therefore he should it is
to keep from all temptations.
We often hear of better livers & preachers
who fall from ~~some~~ great moral imp
lations & we should not be too quick
in condemning them, for it is a
real effort to go as through, & more so
for the young man than the old one.
Advice & medicine.
I do not wish you to think, that
I think medicine is not as good as
advice but I also think, as too much
of it is given. There is no doubt in my
mind that some medicine cure ~~cures~~
sick as well as many

that often a little medicine & a great deal of good advice, not that we will do, you mean good than to tell every stranger who comes.

I remember a Chinaman once who came to the medicine man, they asked him why he did it, he said that most of his patients needed more than medicine. He could give them something that would do them harm but would satisfy their desire for medicine.

I believe that vaccination, or the Jenner method is started often by the dr. who should be careful, very careful how he uses these vaccinations, though they are very important.

their place. I remember hearing of a town in which they could keep no saloons & the druggist sold the best whiskey by the bottle, the Dr prescribing it, so when a man wanted to get drunk he would go to the Dr & get a prescription & in this way get his whiskey. Is this the way to make people? Is this the practice of medicine? Is this the true physician? I think not, such I consider as a disgrace to the profession. "The first & greatest aim of the good & great physician is to restore his patient's health in the shortest time with the least amount of medicine." There are many people who will expect you to give them something, & you can get all such a place if

will do just as well & as much good as a strong medicine which an apt to harm the digestion.

Treatment of other Drs in the profession.

Of all things in this world I think it the most detestable I see Drs [illegible] quarreling; why should things be so, one [illegible] happen to get a little jealous of the other & anger some times [illegible] [illegible] gives the secretary, it put [illegible] [illegible] & then he gets [illegible] perhaps then is a [illegible] [illegible]. It is much better in the first place not to talk of any one, in the second place pay every attention to what is said about you, if you do, go to the Dr who said it & talk it with him, don't

tal & about it – Be careful when calling
on a case, to find out whether you
have a right to take the case or not.
The best way is the safest course.
Have a medical opinion in every case
Careful to keep on the right side.
I am sorry that I have not more time to
spare to write more on my subject.
I have not & I hope my critics will not
be hard on me [illegible] writing this subject.
I have [illegible] my idea of the Physician
or the Practice of Medicine & more [illegible]
quote from a friend.

B. F. Smith

University, Hoboken

Dec 28th 1886.

B. M. Smith Jr
87

A

Thesis on

Bronchitis

Respectfully submitted to the examination of the

Provost Regent and Faculty

of Medicine of the University of

Maryland

for the degree of

Doctor of Medicine

By George H. Quitt

Pottsville, Pa.

February 11th 1887

2 45.

Pleuritis

The respiratory tract like all other parts of the body may become inflammed by various causes which we will state further on in this writing. Inflammatory diseases of the respiratory tract are very prevalent in the inforte the structures concerned in the organs of the respiratory apparatus and the air passages the serous membrane which invest the lungs and the pulmonary parenchyma. Inflammation affecting the structures just named gives rise to pleuritis or pleurisy

pneumonitis or pneumonia and [illegible]
ed namely pleuritis which we now
propose to consider, may exist as
an acute and subacute or chronic
affec[illegible]
[illegible]
are [illegible] pathological
[illegible] consider briefly [illegible] varieties
of the [illegible]
properly [illegible]
-tion, and [illegible]
[illegible] these results of pleuritis the
[illegible]

hydrothorax. The anatomical structure of the pleura. It is serous membrane [illegible] are essentia[illegible] serous [illegible]
It is composed of white fibrous connective tissue containing a network of elastic fibres.
It is divided to two layers [illegible] visceral and parietal. The free surfaces of these two layers are [illegible] and covered with a single layer of [illegible] gona[illegible] nucleated cells called endothelial cells. It is surfaces are moistened with a slight serous transudation.

[illegible]

Anatomical character or path-
ological condition during life
[illegible]
tion of [illegible]
branes and may be regarded as

a type of all acute serous in [illegible] tio[illegible] [illegible] [illegible] [

lens loses its glistening appearance and soon becomes some what swollen and opaque from serous infiltration into its substance. Small extravasation of blood or ecchymosis are not infrequent [illegible] fibrous tissue.

An effusion of inflammatory [illegible] At first it consists [illegible]

[illegible]

[illegible]

[illegible]

film up to half an inch and some times thicker. The fluid [illegible] of the inflammatory process. [illegible] and in some cases never passes beyond this moderate limit in [illegible] to several [illegible] first is [illegible] greenish and [illegible] flakes [illegible] In many [illegible]

is character throughout; but in [illegible] a deposit of a small amount of milky like sediment on standing [illegible]

[illegible] Part of the epithelial [illegible] normally cover the [illegible] undergo necrosis and desquamate and a part less severely [illegible] inflammation. [illegible] various shapes with a vesicular [illegible]

cells in the pleural sac of
one case [illegible] the [illegible]
=ies of the pleura or circular
and [illegible] contain fibrous
fibres cells of [illegible] and
=thelium. A [illegible] formation of
capillaries in the [illegible] of
the layers of fibrin [illegible]
covered the pleura. This [illegible]
takes place from [illegible] to six
days after the inflammation
begins. More or less fibrin is also
present in the layers of granulation
tissue.

The termination of acute pleuritis.
Pleuritis terminates either in death,
in resolution, in chronic pleuritis

or in empyema. If resolution
is to take place, the serum is absorbed
the fibrin, pus-cells and red blood
corpuscles disintegrate and are likewise absorbed and the granulation
tissue is changed into fibrillated
connective tissue. The connective
tissue develops both in the form of
diffuse fibrous thickening of the
pleura and thread like or band like
adhesions between the two pleural surfaces. The long adhesions are
produced by vessels outgrowth of the
granulation tissue into the fibrin
and fluid which during the inflammation separate the pleural surfaces
from each other. It must be borne

in mind that after the most favorable termination of pleurisy the pleura does not return to its normal state but is left with a more or less of connective tissue which binds the pleural surfaces together over a greater or less extent. These adhesions are at first weak and may be ruptured by active exercise or by coughing. But after the lapse of three or four weeks all inflammation comes to an end or remain stationary or diminish very slowly the disease has passed into a chronic stage.

Diagnosis

There is seldom any perceptible alteration in the size of the

chest. When effusion takes place to a great extent the signs are similar to those of chronic pleurisy. The motion of the affected side is diminished and the vibrations of the voice cannot be felt by the hand. There is more or less dullness of sound on percussion, the dullness diminishing or disappearing by change of position. On auscultation, the respiration is feeble, distant or inaudible, but a change of position modifies it. Egophony is usually present, when the effusion is in moderate quantity and is best heard over a portion of the thoracic parietes, represented by a band

condition of things is experienced p
two or three days before the d
[illegible] ion may be sudden and witho
monition. It is so
by a well-pronounced chill acc
anied with rigors. Not infre
we get a history of chilly sensations
and slight shivering. The
affected side attends the onset of
acute inflammation in a la
ajority of cases. The pain is usua
sharp. It is a sharp, cutting or
[illegible] great pain, great
[illegible]
of the body are extremely pain

[illegible]

[illegible] minute. The [illegible]

[illegible] passed. [illegible]

[illegible] rows more or less

[illegible] 16°. [illegible]

instances the fever [illegible]

temperature rising to [illegible]

with a corresponding [illegible]

other constitutional [illegible]

[illegible]

is of a suppurative [illegible]

Cough is usual [illegible]

[illegible] The breathing is more

less frequent. The frequency of the breath-

ing is no [illegible] due to the compression

of the lung by the liquid. Expectoration

is slight or wanting, often present consists of simple mucous.

Causatio

[illegible]
is attributed [illegible]
cases to the action of [illegible]
has been considered [illegible]
office of a great [illegible]
an attack to some [illegible]
=less, when it had [illegible]
or at most acted only as [illegible]
Still it is probable that [illegible]
some times originate [illegible]
[illegible]
=matically by contusions, [illegible]
combined by or with [illegible]

and penetrating wounds [illegible]
of parts adjacent to the pleura [illegible]
an important role in the c[illegible]
of pleuritis. [illegible]
[illegible] local affections which c[illegible]
secondary pleuritis are tota[illegible]
tetis, pulmonary tuberculosis [illegible]
abscesses. Pleuritis may be [illegible]
to other diseases [illegible]
[illegible] cancer, sarcoma, and [illegible]
cases which seem to [illegible]
[illegible] careful search the [illegible]
made for some hidden ca[illegible].

Prognosis.

In cases of acute primary or idio=
=pathic simple pleuritis, if [illegible]
complicated and constitution [illegible]

patient is not to avoid unfavorable
diseases is chiefly dietetic
and could in very few instances
prove fatal [illegible]
of any therapeutical interference. As
a consequence of a large amount of effusion
occurring in rapid succession
from fatal, albeit [illegible]
abscess, produces infarcts in [illegible]
of the lungs on the unaffected side, in
addition to the function on the affected
side from compression by liquid.
Acute pneumonitis [illegible] limits itself
itself [illegible] [illegible]
the process of [illegible], and these associ-
ated diseases are liable to prove fatal.
The intrinsic tendency of the disease

is to recover. a fatal termination
since due rarely to the case itself
but effects with which it may be
associated

Treatment

In considering the treatment of hydrothorax
it would be best to look upon the disease
as resting in three different successive stages. The first stage being
from the attack to the time when an
appreciable quantity of liquid effusion
takes place. The second stage will
extend from the time when the liquid
begins gradually to diminish and the
third stage will comprise the period
occupied in absorption of the liquid.
When the pain is stabbing or lancinating

character in the beginning of the disease, anodynes should be given in sufficient quantity to allay pain. Opium, without a doubt, is the best anodyne to give. In the milder cases of dry pleuritis the application of blisters or other counter-irritants and the binding of the chest with a broad flannel roller of the affected side with strapping to restrain its movements, combined experience and sound pathological views have led to the adoption of the great value of opium in the treatment of inflammations affecting serous surfaces. It is valuable not only as a palliative but as a curative

remedy. Its palliative efficacy is of
a [illegible] and [illegible]
[illegible] understand its action
[illegible] By relieving pain [illegible]
the detention of the blood in the
inflamed parts. Other [illegible]
a certain influence in preventing or
diminishing the constitutional dis-
turbance which inflammations are
apt to occasion. It [illegible] be
seen in a condition to [illegible] either
the local affection. Blood [illegible] in
cases of acute pleurisy has [illegible]
authors been considered and [illegible]
but a certain [illegible] has [illegible] to
disuse. Statistics show better results
where bleeding has not been practised.

although there are conditions and circumstances in some cases where bloodletting may undoubtedly do a considerable amount of good, these stage, when the patient begins to suffer from the effusion consequent of death, the cause of the effusion and the nature of the fluid which has already accumulated become the chief indication for treatment. For these purposes diuretics and purgatives have been the most recommended, and among the drugs mercury, antimony, digitalis, and iodide of potassium are classed. It is true that all such agents are practically useless for the purpose for which they are indicated, and that

[illegible] we are to trust to drugs at all they should be those which by tending to improve the general health of the patient and indirectly to promote healthy action of the seat of the disease [illegible] tonics, especially iron and cod liver oil, counter-irritants, and especially [illegible] blisters sometimes seem to have a curative action. It has been a question in a certain number of cases to draw off the hydrocele fluid by means of an aspirator. If the effusion has remained for a month without diminishing this should be sufficient to demand of us an operation of paracentesis. The operation of paracentesis should be made a means of last resort to get

rid of the pleural effusion. The
the pleural effusion demands of us the
operation of paracentesis we have made
use of the aspirator which is indeed
the best instrument to use. The operation
of paracentesis if the air be excluded is
a perfectly harmless operation so long as
the discharge remains sweet. Every precau-
tion should be used to exclude the air
but when the discharge becomes fetid little
is to be gained by further exclusion of the
air. It then becomes important to wash
out the cavity daily either with pure
water or water medicated with quinine or
carbolic acid. In every case and un-
der all circumstances when we do the
operation of paracentesis we must observe

some antiseptic [illegible] which is [illegible]
to medical profession. In certain [illegible]
of cases which require the operation of
paracentesis it will not be necessary
to draw off all the fluid, nature finding
itself assisted will go on to complete the
process of absorption, however there are
the cases in which nature may not [illegible]
and to complete the process of absorption
in these cases it may become necessary
to operate a second time. It may become
necessary to do it in a few cases, to
operate [illegible] when the accumulation
of fluid is sufficient to involve danger
or distressing dyspnoea. The remainder of
the liquid should be drawn off slowly so
that the collapse may not be too sudden or

ment, the cosmetic side of medical and surgical treatment the strict laws of hygiene and alimentation should receive due consideration. During the active stage of this disease the diet should be light and simple such as soup, broth, fish, salt and green substances and should be given at intervals of three or four hours. After the active stage of the disease the diet may be made to consist of something more substantial than that which has just been mentioned. Nutrition should also receive a due consideration in our treatment.